

# EARLY AGES HEALTHY STAGES



## CUYAHOGA COUNTY EARLY CHILDHOOD WELLNESS PLAN




[www.earlyageshealthystages.org](http://www.earlyageshealthystages.org)

# ABOUT US



Early Ages Healthy Stages is a partnership among early care and education providers, community organizations, health care, social service agencies, businesses and families that works together to make the healthy choice the easy choice for young children and their families.

Together, we work to ensure that young children in Cuyahoga County are given every opportunity to reach their fullest, healthiest potential.

 **OUR MISSION.** To work together to create healthy environments for young children in Cuyahoga County.

 **OUR VISION.** Growing healthy kids, right from the start. Cuyahoga County is a community that provides all children ages 0-8 with the opportunity to establish healthy lifestyles in environments where they live, learn, sleep and play.

# OUR PRIORITIES

At Early Ages Healthy Stages, we recognize that it is our job to help build healthy early childhood environments for all children, regardless of how they look or where they live.

In Cuyahoga County, we believe that early childhood environments are healthy if...

Together, we will work to shape these priorities to ensure that all young children in Cuyahoga County are given every opportunity to reach their fullest, healthiest potential.



### Healthy foods are available.

Young children need access to healthy food in order to make healthy food choices.



### Social emotional needs are met.

Young children thrive in classrooms and communities where they feel safe, connected, and supported.



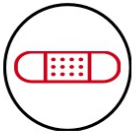
### There are opportunities for active play.

Active play helps children grow healthy muscles, bones, and brains.



### Families are engaged.

Parents and other family members are a child's first teacher and best role model.



### Health care is accessible.

Access to an affordable, medical home helps children stay healthy and meet milestones.

# A CALL TO ACTION FOR EARLY CHILDHOOD WELLNESS

The first 2,000 days between birth and the first day of kindergarten are critical to a child's healthy growth and development. Research strongly links physical, behavioral, and cognitive development early in life with health outcomes in adulthood. Individual and family-based interventions alone cannot ensure that all young children have the opportunity to grow to their healthiest potential. A child's health status depends upon many factors, including the environments in which they live and learn.

Children spend, on average, 32 hours weekly in an early child care and education environment. These environments are the ideal places to promote healthy habits and choices. Effective community partnerships are vital to improving early childhood learning environments. Many different environments must be considered for early childhood wellness, including where our children live, learn, sleep, and play. Partnerships must focus on shaping policies, systems, and structures into those that create the best opportunities for health in early childhood learning. In order for our children to grow and develop with opportunities to achieve their best health, we must work to make sure that they are learning and growing in healthy early learning environments with active support from healthy families and communities.



The Cuyahoga County Early Ages Healthy Stages Coalition will work collaboratively to create the vision of Cuyahoga County as a community that provides all children ages 0-8 with the opportunity to establish healthy lifestyles by supporting policies, systems, and structures that allow young children to grow and thrive.

# OUR VALUES: COMMUNITY-FIRST APPROACH TO EARLY CHILDHOOD WELLNESS.

*Building authentic relationships for early childhood wellness opportunities in Cuyahoga County.*

Early Ages Healthy Stages values our community members as experts in early childhood wellness.

We believe that everyone—from parents and teachers; to hospitals and businesses—has something to offer to improve early childhood wellness.

Working together involves “making space at our table” for all interested partners, as well as reaching out to those who have previously been left out of the conversation.

Over the next three years, Early Ages Healthy Stages will reach out to our community to make sure that our initiatives, tools, and processes represent the unique needs and interests of the young children, families, and providers we serve.

## OUR GOAL:

Early Ages Healthy Stages will engage early childhood stakeholders in diverse communities and locations through regular dialogue to define and strengthen early childhood health initiatives.

Objectives: By December 31st, 2020, Early Ages Healthy Stages Coalition will:

1. Engage community residents in the planning and implementation of early childhood wellness programs through surveys, focus groups, and community forums to understand needs and define engagement.

- Develop and conduct focus groups and/or forums.
- Make sure that child care incentives for participation and food are provided.
- Collect, analyze, and disseminate data.

2. Establish partnerships with support services to improve access to resources in early care and education (ECE) settings and EAHS organizations

- Complete an audit of support services available to Cuyahoga County ECE providers and families.
- Collect and share resources on EAHS website, social media, and at meetings.
- Engage community resources (schools, churches, parks, recreation centers, etc.) to partner in ongoing events and programs for early childhood wellness.

Like parents and caregivers, early care and education (ECE) providers are the backbone for early childhood wellness in our communities.

ECE providers are role models for healthy habits that young children will use for life. The ECE providers at Early Ages Healthy Stages consistently go above and beyond state requirements to create opportunities for the children in their care.

When ECE providers are supported by community and financial resources, they become a source of health and wellness expertise not only for the children that they serve, but also for their families and community as well. Unfortunately, inconsistencies in funding, financial strain, and work/home stressors often keep ECE providers from giving the energy that they would like to the classroom.

In Cuyahoga County, we recognize that early care and education providers are not always recognized and appreciated for the significant contribution they make to the development of our youngest citizens.

# OUR VALUES: ELEVATING THE SUCCESS OF EARLY CARE AND EDUCATION PROVIDERS

## EXPANDING OHIO HEALTHY PROGRAMS

Early Ages Healthy Stages is responsible for the local implementation of Ohio Healthy Programs- an Ohio-Approved initiative that offers training and technical assistance for early care and education providers on best practices in building healthy habits, menus, and policies. Designated Ohio Healthy Programs are ECE programs that have chosen to go above and beyond licensing requirements for health. These programs show their families and community that they are dedicated to the health and wellness of the children that they serve.

Throughout our work with Ohio Healthy Programs, we have been inspired by the many ECE providers who go the extra mile to provide health opportunities for their children. We believe, and have witnessed, that when early care and education providers have support from public health and other agencies they can provide authentic opportunities for child and family wellness beyond what each partner could achieve individually.



## OUR GOAL:

Early Ages Healthy Stages will build on the success of our designated Ohio Healthy Programs efforts to increase early childhood wellness knowledge and skills among early care and education providers in Cuyahoga County.

Objectives: By December 31st, 2020, Early Ages Healthy Stages Coalition will:

1. Establish partnerships with organizations that support early care and education to expand the reach of Ohio Healthy Programs and recruit new early care and education providers.

- Engage with local organizations and institutions that support early care and education providers.
- Engage with currently designated Ohio Healthy Programs to learn about successes and challenges.
- Promote Ohio Healthy Programs training and technical assistance, and recruit providers.

2. Provide follow-on support for designated Ohio Healthy Programs that includes newsletters and professional development opportunities.

- Survey current Ohio Healthy Programs sites in Cuyahoga County to learn what health topics and communication efforts are desired.
- Look for current training and opportunities that may be disseminated to compliment Ohio Health Programs training.
- Fill gaps in current materials (newsletters, handouts, and/or webinar).

# SHAPING OUR PRIORITIES FOR EARLY CHILDHOOD WELLNESS IN CUYAHOGA COUNTY.

Over the next three years, *Early Ages Healthy Stages* will promote strategies to improve risk and protective factors for early childhood health.

## PRIORITY 1: HEALTHY FOODS ARE AVAILABLE

Young children have tiny bellies and big energy needs. Eating healthy food, full of vitamins and nutrients, helps children get the energy they need to grow, learn, and play. Young children cannot eat healthy foods if healthy foods are not available to them. Many of our young children in Cuyahoga County do not have access to the healthy foods that they need to grow and thrive. There are many environmental factors that influence the way that young children eat, including; availability, cost, time, and culture.



*The problem. Young children and families in Cuyahoga County are not eating the recommended amount of healthy foods.*

*Young children develop their preferences for food during early childhood (ODH, 2016).*

*In Cleveland, 10.9% of high school students report eating no vegetables daily, far higher than percentage of US high school students at 6.6% (YRBS Cle, 2013).*

## SYSTEMS CHANGE SUCCESS:

ECE administrator Cheryl Johnson partners with the Greater Cleveland Food Bank to provide fresh produce to her families and community.

*"During an EAHS meeting at the Cleveland Food Bank we were introduced to programs that the Food Bank offers, including the School Market Program. Many of our families are struggling to buy groceries. By the end of the month money is tight and food is limited. By partnering with the Cleveland Food Bank our families and community can receive healthy food to help their families make it through. As we distribute the healthy foods we hear, "We appreciate what you guys and the Food Bank are doing for the community." Our families now see that healthy foods are most filling and the children have learned to appreciate different and new types of foods as well.*

*The Food Bank has been a life saver for our community and families. We here at Education with Imagination really appreciate everything the Cleveland Food Bank has done for our families and community and would like to thank EAHS for introducing Education with Imagination to the Cleveland Food Bank and my good friend Laurie. This is a magical connection"*

*- Cheryl Johnson, Education with Imagination Child Development Center*

*"In July 2016, Cheryl contacted me to inquire about the School Market Program. In my role, I develop relationships with organizations that are able to partner with us in providing healthy food to children. I quickly realized that we were missing a huge population of children aged 5 and under. These included center and home-based ECE sites.*

*During that first distribution, EWI served 349 people, of which 167 were children. They have continued distributions without interruption each month of the year since then. Cheryl and I have joined the EAHS coalition in an effort to expand relationships and knowledge about ways to best serve the Early Childhood population and their families.*

*-Laurie Leverette, The Greater Cleveland Food Bank*

# HEALTHY FOODS | OUR GOAL:

Early Ages Healthy Stages will collaborate with our partners to improve systems and leverage programs that make healthy eating both accessible and desirable in Cuyahoga County.

Objectives: By December 31st, 2020, Early Ages Healthy Stages Coalition will:

## 1. Facilitate and evaluate partnerships between food security initiatives and ECE providers throughout Cuyahoga County.

- Hold community forums to promote opportunities for partnership.
- Establish contracts between initiatives and providers.
- Develop consistent evaluation measures among all programs.

## 2. Collaborate with community partners to provide tools, technical assistance, and family engagement materials to early care and education providers to connect them to Farm to ECE Initiatives.

- Engage partners to gather local resources for Farm to ECE Initiatives related to procurement, education and experiential learning, and gardening.
- Develop/adapt tool kits for connecting ECE providers to local foods initiatives.
- Connect providers to Farm to ECE activities.
- Secure funding for activities for broader dissemination of initiatives.
- Evaluate initiatives pre, post, and sustainably.



## 3. Build partnerships with local gardening initiatives to provide tools, technical assistance, and family engagement materials to ECE facilities for on-site gardens.

- Conduct community forums to gauge interest in establishing indoor and/or outdoor gardens on site at ECE facilities
- Provide professional development for staff on gardening by leveraging already existing programs from local experts
- Create "How to garden at early care and education facilities" resource to include; how to use food grown onsite within the food program, how to get reimbursed from CACFP for gardens in partnership with local experts.
- Establish gardens on site.
- Evaluate the impact of gardens on eating/activity habits of children and families, as well as the sustainability of the project.

## PRIORITY 2: SAFE PLACES FOR ACTIVE PLAY

For young children, physical activity means active play. Active play is a child's context for learning. It helps them explore their world and discover how they fit into it. Active play helps children grow healthy bodies with strong bones and muscles. Many young children in Cuyahoga County live in environments where there are few opportunities for active play. Sometimes their neighborhoods are unsafe; sometimes they don't have the resources that they need to make play happen; even still, some children lack a role model to teach them how to play.

*The problem. Young children in Cuyahoga County are not getting the recommended amount of physical activity.*

*The American Academy of Pediatricians recommends no screen time for children younger than 2, and 2 hours daily for children older than 2. In the child care setting, recommendations are 30 minutes per week. Preferences for active lifestyles start around age 2 and build the foundation for healthy activity habits as children age.*

*The 2014 Youth Risk Behavior Study found that 51% of Cuyahoga County 7th and 8th graders get the recommended amount of physical activity per week. (PRCHN, 2014)*

## SYSTEMS CHANGE SUCCESS:

Cleveland Department of Recreation sponsors National Screen Free Week activities at all 24 of Recreation Centers throughout Cleveland

Staff members at The City of Cleveland Recreation Department are our local experts in all things physical activity. Over the past few years, Director Jill Lemmerman and her team have been working to make sure that recreation centers serve not only the physical health of the children, but also promote a healthy whole child. In the spring of 2017, EAHS began planning for our first official National Screen Free Week observation. We shared the National Screen Free week pledges and activity ideas and called on all of our partners what they could do to make Screen Free Week 2017 a success.

The City of Cleveland Recreation Department answered the call and celebrated without screens at all 24 centers throughout Cleveland. Employees took the Pledge and gave kids attending their programs ideas about what they would be doing without screens. Kids who attended programs took Screen Free Pledges and made decorative wall displays. Baskets were put out for kids to deposit their phones and other devices and spend at least the 2 hours that they were at the Recreation Centers unplugged from their devices and plugged in to the world around them. The Recreation Centers will continue to be key leaders in National Screen Free week for EAHS.





## ACTIVE PLAY | OUR GOAL:

Early Ages Healthy Stages will support and expand our network of partners who seek to provide increased opportunities for active play for young children in Cuyahoga County.

Objectives: By December 31st, 2020, Early Ages Healthy Stages Coalition will:

1. Coordinate a county-wide social marketing campaign and event series that coincides with National Screen Free Week to improve community awareness of the importance of active play.

- Promote National Screen Free Week, collecting outcomes and input from multiple coalition members during National Screen Free Week 2017.
- Plan and orchestrate events for National Screen Free Week for the following years.
- Provide resources, materials, and technical assistance to programs and institutions participating in National Screen Free Week.
- Track outcomes for number of participants and projects, as well as an evaluation of attitudes of those participating in the projects.



2. Collaborate with community partners to modify shared use agreement toolkits for use by early childhood providers and community organizations to provide safe places for active play.

- Identify partners and institutions throughout Cuyahoga County that are interested in establishing shared use agreements for early childhood activity.
- Develop a model in collaboration with these institutions and current toolkits for a shared use "Partnership Agreement" that is specific to early childhood wellness.
- Generate an updated map of early childhood shared use sites and collect data on use.

3. Provide tools, technical assistance, and seek financial/volunteer support for communities and organizations to update spaces to make them conducive to early childhood play.

- Hold town hall forums and community meetings throughout Cuyahoga County to identify people and places that would have a desire to improve existing spaces.
- Identify local businesses and subject matter experts willing to provide donations of materials or in-kind support.
- Seek funding support for grants and subcontracts for which community organizations, recreation centers, and community development corporations may apply.
- Evaluate short and long term use patterns.

## PRIORITY 3: SOCIAL EMOTIONAL NEEDS ARE MET

For young children to truly thrive, we must begin to think about their social and emotional health as part of their overall wellness. Self-esteem- a positive feeling about who we are and how we look- develops early in life. Having a positive sense of self helps children build healthy relationships with others. Adverse childhood experiences (ACEs)- negative events that happen during childhood- have a huge impact on a child's emotions, relationships, and even their physical development. Unfortunately, it can be challenging to create environments that prevent ACEs and promote positive social emotional discovery for all children. Issues like poverty, violence, and abuse are common in our communities. These issues are sometimes difficult to identify when community stress and economic instability leave little support for adult caregivers.

*The problem. Social emotional needs of young children are not being met .*

*The Adverse Childhood Experiences (ACEs) Study found that, "Most people in the U.S. have at least one ACE, and that people with four ACEs— including living with an alcoholic parent, racism, witnessing violence outside the home, physical abuse, — have a risk of adult onset of chronic health problems."(High, 2015)*

*The homicide rate in Cleveland is 14.6 per 100,000, more than double the rate for the US (6.1) (HIP-Cuyahoga, 2013). The rate of child abuse for Cuyahoga County was 5.8 per 1,000 and 11.2 per 1,000 in Cleveland, and 9.4 per 1,000 in the US in 2009. (HIP-Cuyahoga, 2013)*

## SYSTEMS CHANGE SUCCESS:

Caring Cubs provides opportunities for young children and their families to give back to their community in partnership with organizations like Veggie U.



"Caring Cubs plans events where the children themselves can participate in a hands-on activity, taking personal pride in working toward a greater purpose. We partnered with Veggie U for a service project that fully engaged families with children ages 2 and up.

Kids enjoyed the process of labeling bags- for some this involved letter and shape recognition, as well as sorting. On top of discussing the science of garden-to-table, families also were able to see the preparation that goes into classroom resources.

This was a highly successful project that fully engaged those in attendance! We are excited to do it again!"  
-Shari Nacson, Caring Cubs

*"Our connection with Caring Cubs through with Early Ages Healthy Stages Coalition, led to a successful service project in February, 2017.*

*Caring Cubs met us at the Library and set to the task of labeling bags that Veggie U volunteers will later fill with soil samples. These samples are part of our classroom garden educational program and will help demonstrate why soil health is important to growing healthy vegetables for kids to eat! The families from Caring Cubs were such hard workers that they took care of 500 gardens! It was so amazing to see these families really get involved in making a difference. We are so grateful for their help!"*

*-Susan Fain, Veggie U*

# SOCIAL EMOTIONAL HEALTH OUR GOAL:

Early Ages Healthy Stage Coalition will work with community partners to increase awareness of the role that social emotional health plays on early childhood wellness and collaborate with partner organizations to support family bonding activities throughout Cuyahoga County.

Objectives: By December 31st, 2020, Early Ages Healthy Stages Coalition will:

1. Collaborate with partner agencies to gather and fill gaps in parent education materials to increase awareness of Adverse Childhood Experiences (ACES) and promote resiliency.

- Engage with parents and families in focus groups and forums.
- Connect with current and potential partners to develop an inventory of tools and materials available for social emotional health promotion.
- Fill any identified gaps in materials that help families understand ACES and build resiliency.
- Collaborate with partners on an ongoing social marketing campaign for early childhood social emotional health.



2. Collaborate with partner agencies to provide tools to empower early care and education programs to include parent support services.

- Engage with parents and families.
- Engage community partners that focus on trauma informed programming, respite services, and resiliency building.
- Collect resources from local experts and partners on EAHS website.
- Hold trainings, meetings, and community events for early care and education providers that elevate resources for social emotional health.

3. Plan a county-wide social marketing campaign and event series that coincides with National Screen Free week to reduce screen time and increase family bonding.

- Promote National Screen Free Week, collecting outcomes and input from multiple coalition members during National Screen Free Week 2017.
- Plan and orchestrate events for National Screen Free Week for the following years.
- Provide resources, materials, and technical assistance to programs and institution participating in National Screen Free Week.
- Track outcomes for number of participants and projects, as well as an evaluation of attitudes of those participating in the projects.

## PRIORITY 4: FAMILIES ARE ENGAGED

Early childhood wellness begins at home. Young children learn how to take care of themselves by watching the adults in their lives take care of themselves. Parents who live healthy, active lives are likely to pass these values on to their children. Parents and caregivers are the decision-makers for what foods are purchased and how they are prepared. When families and ECE providers both value wellness, young children are surrounded by environments that support their health. For parents to be successful in creating this "culture of wellness," their communities must have the resources needed to achieve their best health. In Cuyahoga County, many parents have hectic schedules that force them to juggle providing for their child and engaging in their child's health. Financial responsibilities, lack of transportation and poor support networks often makes the healthy choice a difficult choice for many families.

*The problem.  
Families are not engaged in early childhood health.*

*When early care and education providers create opportunities for family engagement and involvement with the program, family background, parent education, and income play a large role in family participation (McWayne, 2014).*

*1 in 3 families of children ages 0-6 in Cuyahoga County live in poverty (Children, 2010).*

*Families with low income have high levels of emotional investment in their children, but do not always have the support to overcome the challenges of poverty (Bierman, 2017).*

### SYSTEMS CHANGE SUCCESS:

UPK family child care home providers, Robbie Willis and Cassandra Thompson, work together to provide resources that help their families thrive.



Cleveland Heights-based family child care providers, Cassandra Thompson and Robbie Willis are long-time experts in family engagement. They inspire EAHS to think big when it comes to reaching families.

Cassandra spends time getting to know families through Moms and Dads night out, and sharing important community resources with her families. One such resource, a friend at Towards Employment, led to a mom getting a degree and achieving their dream. Robbie has been a champion for EAHS since the beginning; doing healthy eating surveys so that parents can provide ideas and even taking family photos under the OHP banner at her summer family fun meeting!

At an EAHS meeting, Cassandra shared that she had benefited from the Cleveland Heights lead safe program in the past and was working to enroll more families of young children in the program. She invited Robbie to host their annual family engagement meeting for UPK and Step Up to Quality at the Cleveland Heights Library.

Staff from the City of Cleveland Heights spoke to the families about the many programs in place to help families remove lead from their homes and keep their kids safe. Robbie asked EAHS staff to share information about how healthy eating, and safe play away from windows can keep kids safe from lead hazards.

Cassandra and Robbie recognize that families who are struggling financially may have extra challenges when it comes to engaging with their kids. At the meeting, there was a speaker from Towards Employment who spoke about programs and services that range from getting families back on their feet, to helping parents achieve their career dreams. When it comes to getting families connected to resources, Cassandra says, "You have to open up your mouth and assist people. Help them out."

# FAMILY ENGAGEMENT | OUR GOAL:

Early Ages Healthy Stages will support and elevate the role of early care and education providers and other direct service providers in engaging family's needs.

Objectives: By December 31st, 2020, Early Ages Healthy Stages Coalition will:

1. Encourage and empower early care and education providers as well as organizations that work with young children to create parent support programs.

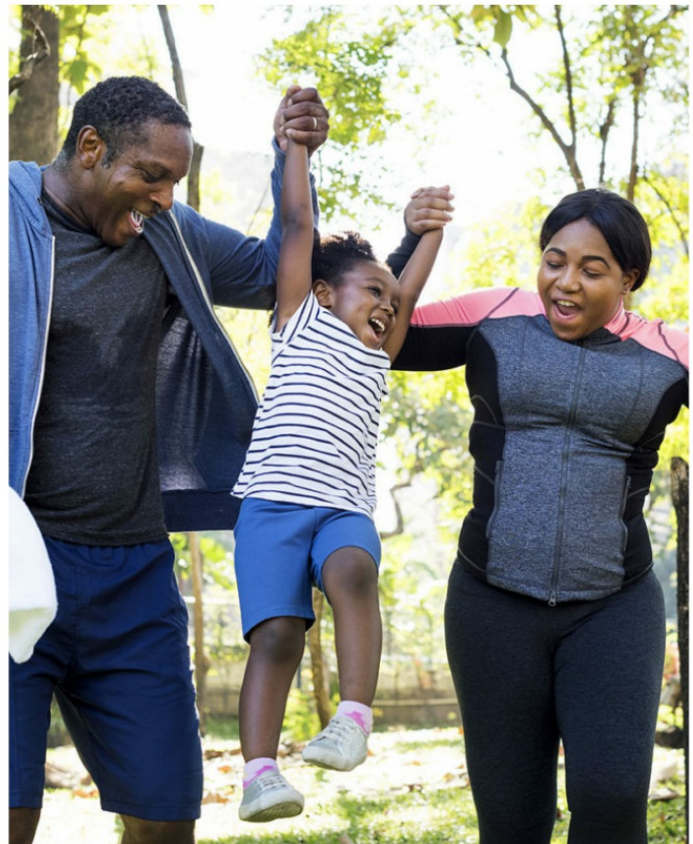
- Collect information about wrap around resources and ensure that providers have the information and expertise for supporting parents.
- Modify and/or develop a checklist/toolkit for providers to feel more comfortable engaging with parents.
- Recruit providers to hold parent meetings either in person or online as a means for group support.
- Connect families to transportation options.

2. Engage community resources (schools, churches, parks, recreation centers, agencies) to partner in ongoing events and messaging for family engagement.

- Develop single focus, unified messaging for maximum impact and reach within multiple organizations and agencies.
- Encourage agencies to focus on a monthly message, saturating the messaging around that one topic throughout the community at one time.
- Ensure new themes around healthy living and early childhood wellness are adapted to fit the needs of the community and organizations.

3. Modify and/or develop a family engagement toolkit for early childhood education.

- Engage families about important issues through focus groups and surveys
- Modify and/or develop and pilot a series of 4-5 family engagement tool kits that early care and education providers can use that include short trainings, activities, handouts, bulletin boards, and newsletter templates.
- Develop and pilot toolkits.
- Make toolkits available to providers.



## PRIORITY 5: HEALTH CARE IS ACCESSIBLE

Regular well-child visits with a primary care physician are vital to early childhood wellness. When young children and their families are connected to a medical home, their pediatrician becomes a source of information and support. Given the high cost of health care, families that live in poverty often have to choose between needs like food and shelter and ongoing health care. Many families choose to wait to seek medical care for their children until the child is visibly sick. Many parents of young children are lacking support from family members and social services agencies. Without these resources, it can be overwhelming to navigate the complicated medical system.

*The problem. Families of young children are not accessing the health care system for checkups and screenings.*

*Children who live in poverty were significantly more likely not to have a medical home among white, black, and Hispanic families (Bachrach, 2011).*

*The percentage of children with 4:3:1:3 vaccines by age 2 were 64% in Cuyahoga County and 45.2% in Cleveland; the national benchmark is 80.8% (HIP-Cuyahoga, 2013).*

*Parenting skills influence child's health both by the parent's perception of the child's need as well as recognizing the child's actual need for care (Serbin, 2014).*



## SYSTEMS CHANGE SUCCESS:

The Council for Economic Opportunities of Greater Cleveland partners with the Cleveland Clinic School Health Mobile Health Care Units to provide Head Start families with access to a lead screenings and a medical home where they attend preschool.

High blood lead levels can lead to problems with brain development, behavioral issues, and organ functioning. EAHS recognizes that there are many factors that keep families from getting lead screenings like transportation, not being connected to a medical home, and not feeling supported if their child has a positive screening.

*"CEOGC and Cleveland Clinic School Based Health Care met at an Early Ages Healthy Stages meeting in 2016. At the meeting, we talked about the issues regarding lead toxicity in the city of Cleveland and how we can work together to get more kids tested and educated.*

*The Cleveland Clinic School Health has a mobile unit which would allow us to move from school to school. We thought this would be a great collaboration to reach families where they are. Right now we are in the process of signing the Memo of Understanding and scheduling dates for the mobile unit to come to William Patrick Day Center in Cleveland's Central neighborhood and the Green Road Center in Highland Heights to do Well Child Checks and draw leads. We are planning to get started in Fall of 2017."*

*-Loree Rudd, Cleveland Clinic School Based Health Mobile Unit*

# HEALTHCARE ACCESS/ OUR GOAL:

Early Ages Healthy Stages will facilitate partnerships between Cuyahoga County's world class health care, ECE providers and the families of young children by focusing on wellness, access, and collaboration.

Objectives: By December 31st, 2020, Early Ages Healthy Stages Coalition will:

1. Support the development of patient navigator and care coordinator programs to assist patients in person and via telephone to support their health management.

- Research which clinics have navigators, if the navigators interact with families of young children, and for what the navigators are responsible.
- Learn about best practices for navigators, as well as needs and opportunities for engaging with families in our communities.
- Recruit clinics to participate in establishing the navigator role and practices that are currently utilizing the role to share their successes.
- Evaluate through student Capstone.

2. Engage medical schools and residency programs in the local community to build relationships with ECE providers, children, and families.

- Engage with medical schools, residency programs, and pediatric and family medicine practitioners to learn about needs and interests and how partnership with EAHS may be mutually beneficial starting January 2018.
- Develop a plan in partnership with medical schools, residency programs and health care providers to improve patient interaction.
- Revisit Strategic Planning goals for engaging medical schools (develop tools, presentations, recruitment, etc.) in summer 2018 and implement new goals in Fall 2018.

3. Develop partnerships between mobile units and child care providers to help families of young children access a medical home and services in their community.

- Assess families of interested centers to learn more about their medical needs.
- Establish relationship between EAHS partners and mobile units to develop a plan for collaboration.
- Explore current partnership between mobile units and CEOGC Head Start centers.
- Engage other EAHS partners to see if there are more opportunities for coordination of services between mobile units and ECE providers.



# GETTING INVOLVED WITH EARLY AGES HEALTHY STAGES

*Help make sure that all young children in Cuyahoga County have equal opportunities to achieve their best health.*

Early Ages Healthy Stages believes that in order to ensure that all young children in Cuyahoga County have equal opportunities to be healthy; we must work together across sectors and communities. We value collaboration and elevation between the wealth of early childhood experts and programs, rather than replicating services. We value our current and potential partners as “experts in their own experiences” and essential leaders in making Cuyahoga County the healthiest county for young children and their families.



## EARLY CARE AND EDUCATION PROVIDERS

- GET DESIGNATED! Contact the Cuyahoga County Board of Health to become a designated Ohio Healthy Program.
- GET CONNECTED! Encourage families and other programs to get healthy by sharing your tips for success.
- GET INVOLVED! Join the Early Ages Healthy Stages Coalition.

## FAMILIES

- GET INFORMED! Check to see if your child’s ECE provider is a designated Ohio Healthy Program.
- GET ACTIVE! Be a positive role model for your child by living a healthy, active lifestyle.
- GET INVOLVED! Become a voice for families by joining the Early Ages Healthy Stages Coalition.

## COMMUNITY STAKEHOLDERS

- GET INVOLVED! Share your resources and expertise by joining the Early Ages Healthy Stages Coalition.
- GET VOCAL! Advocate for changes that support improving early learning environments.
- GET INVESTED! Help us sustain our efforts in early childhood health and wellness in Cuyahoga County through funding and in-kind contributions.

For more information about our plan, please visit:  
[www.earlyageshealthystages.org](http://www.earlyageshealthystages.org)  
Or contact us at [info@earlyageshealthystages.org](mailto:info@earlyageshealthystages.org);  
(216) 201-2001 ext 1514.



## REFERENCES

- 2015 Cuyahoga County Youth Risk Behavior Survey (2015). Prevention Research Center for Healthy Neighborhoods. Accessed June 12, 2017 from <http://filecabinet.eschoolview.com/C40D9087-4DD3-4B32-B127-09EE6162B0E7/YRBS Data/Overall Prevalence County.pdf>
- About the CDC-Kaiser ACE Study (2016, June). Retrieved from Violence Prevention: <https://www.cdc.gov/violenceprevention/acestudy/about.html>
- Bachrach, A. I. (2011, October). Pediatric Medical Homes: Laying the Foundation of a Promising Method of Care. Retrieved April 11, 2017, from National Center for Children in Poverty: [http://www.nccp.org/publications/pdf/text\\_1041.pdf](http://www.nccp.org/publications/pdf/text_1041.pdf)
- Batura, N., Hill, Z., Haghparast-Bidgoli, H., Lingam, R., Colbourn, T., Kim, S., . . . Skordis-Worrall, J. (2015). Highlighting the evidence gap: how cost-effective are interventions to improve early childhood nutrition and development?. *Health Policy and Planning*, 30(6), 813-821. doi:10.1093/HEAPOL/CZU055
- Bierman, K. M. (2017). Parent Engagement Practices Improve Outcomes for Preschool Children. State College, Pennsylvania: Edna Bennett Pierce Prevention Research Center, Pennsylvania State University.
- Cardiovascular Disease Prevention and Control: Interventions Engaging Community Health Workers (2015). Community Preventative Services Task Force. Retrieved from: <https://www.thecommunityguide.org/sites/default/files/assets/CVD-Community-Health-Workers.pdf>
- Center, N. C. (2008). Your Child's Medical Home: Every Child Deserves a Medical Home Train the Trainer Program. Retrieved April 11, 2017, from North Carolina Public Health: [http://www.spanj.org/Family2Family/medical\\_home/NC\\_Medical\\_Home\\_Train\\_the\\_Trainer.pdf](http://www.spanj.org/Family2Family/medical_home/NC_Medical_Home_Train_the_Trainer.pdf)
- Children, H. C. (2010). Addressing Childhood Obesity: A Priority for Ohio's Business Community. Retrieved from Healthy Choices for Healthy Children: [www.healthychoiceshealthychildren.org/index.php/resources](http://www.healthychoiceshealthychildren.org/index.php/resources)
- Collins, R. (2003). Promoting Mental Health in Child Care Settings: Caring for the Whole Child. *Zero to Three*, 4, 39-45.
- Consultation, C. f. (n.d.). Linking Families to Resources. Retrieved from Georgetown University Center for Child and Human Development: [https://www.ecmhc.org/tutorials/trauma/mod4\\_5.html](https://www.ecmhc.org/tutorials/trauma/mod4_5.html)
- Cook, A., PhD, Spinazzola, J., PhD, Ford, J., PhD, Lanktree, C., PhD, Cloitre, M., PhD, DeRosa, R., PhD, . . . Van Der
- Kolk, B., MD. (2005). Complex Trauma in Children and Adolescents. *Psychiatric Annals*; Thorofare, 35(5), 390-398. Retrieved June 20, 2017, from <https://search.proquest.com/docview/217061735?accountid=9920>
- CPST, C. G. (2014, January). Environmental and Policy Approaches to Increase Physical Activity: Community Scale urban design and land use policies. Retrieved from Community Guide for Preventive Services Task Force: <https://www.thecommunityguide.org/sites/default/files/assets/PA-Environmental-Community-Scale-Urban-Design-Land-Use.pdf>
- CPST, C. P. (2011, October). Health Communication and Social Marketing: Health Communication Campaigns That Include Mass Media and Health-Related Product Distribution. Retrieved from Community Preventive Services Task Force: <https://www.thecommunityguide.org/sites/default/files/assets/Health-Communication-Mass-Media.pdf>
- CPST, C. P. (2013, September). Early Childhood Home Visitation to Prevent Child Maltreatment. Retrieved from Community Preventive Services Task Force: [https://www.thecommunityguide.org/sites/default/files/assets/Violence-Early-Home-Visitation-Child-Maltreatment\\_0.pdf](https://www.thecommunityguide.org/sites/default/files/assets/Violence-Early-Home-Visitation-Child-Maltreatment_0.pdf)
- CPST, C. P. (2014, August). Obesity Prevention and Control: Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time Among Children. Retrieved from Community Preventive Services Task Force: <https://www.thecommunityguide.org/sites/default/files/assets/Obesity-Behavioral-Screentime.pdf>
- CPST, C. P. (2014, January). Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education. Retrieved from Community Preventive Services Task Force: <https://www.thecommunityguide.org/sites/default/files/assets/PA-Behavioral-School-based-PE.pdf>
- CPST, C. P. (2014, January). Behavioral and Social Approaches to Increase Physical Activity: Social Support Interventions in Community Settings. Retrieved from Community Preventive Services Task Force: <https://www.thecommunityguide.org/sites/default/files/assets/PA-Behavioral-Community-Support.pdf>
- CPST, C. P. (2014, January). Environmental and Policy Approaches to Increase Physical Activity. Retrieved from Community Preventive Services Task Force: <https://www.thecommunityguide.org/sites/default/files/assets/PA-Environmental-Enhanced-Access.pdf>
- CPST, C. P. (2015, March). Promoting Health Equity Through Education Programs and Policies: Center-based early childhood education. Retrieved from Community Preventive Services Taskforce: [https://www.thecommunityguide.org/sites/default/files/assets/Health-Equity-Center-Based-Early-Childhood-Education\\_3.pdf](https://www.thecommunityguide.org/sites/default/files/assets/Health-Equity-Center-Based-Early-Childhood-Education_3.pdf)
- CSSP, T. C. (2017). Protective Factors Framework. Retrieved from The Center for The Study of Social Policy: <http://www.cssp.org/reform/strengtheningfamilies/about#protective-factors-framework>
- Cunningham, C. O., Sohler, N. L., Cooperman, N. A., Berg, K. M., Litwin, A. H., & Arnsten, J. H. (2011). Strategies to Improve Access to and Utilization of Health Care Services and Adherence to Antiretroviral Therapy Among HIV-Infected Drug Users. *Substance Use & Misuse*, 46(2-3), 218-232. <http://doi.org/10.3109/10826084.2011.522840>
- Cuyahoga County Community Health Improvement Plan. Health Improvement Partnership – Cuyahoga. 2015. Retrieved from: [http://hipcuyahoga.org/wp-content/uploads/2016/02/HIPC\\_CHIP\\_Web-1.pdf](http://hipcuyahoga.org/wp-content/uploads/2016/02/HIPC_CHIP_Web-1.pdf)
- Daugherty, L. R. (2014). Families, Powered On Improving Family Engagement in Early Childhood Education Through Technology. Retrieved from RAND Corporation: [http://www.rand.org/pubs/research\\_reports/RR673z5.html](http://www.rand.org/pubs/research_reports/RR673z5.html)
- De Onis, M., Blössner, M., & Borghi, E. (2010). Global prevalence and trends of overweight and obesity among preschool children. *American Journal of Clinical Nutrition*, 92(5), 1257-1264.
- Families, T. I. (2017). Our Programs. Retrieved from The Health Federation of Philadelphia: <http://www.instituteforsafefamilies.org/programs#edu>
- Fournet, R. (2014). Teaching Gardening and Food Choices to Children Living in a Food Desert. *Journal of the Academy of Nutrition and Dietetics*, 114(9), A88. doi:10.1016/j.jand.2014.06.297
- Garbarino, J. K. (1992). Child Maltreatment as a Community Problem. *Child Abuse and Neglect*, 16, 455-464.
- Güngör, N. K. (2014). Overweight and Obesity in Children and Adolescents. *Journal of Clinical Research in Pediatric Endocrinology*, 129-143. doi:10.4274/jcrpe.1471
- Guthman J, Morris A, Allen P (2006) Squaring farm security and food security in two types of alternative food institutions. *Rural Sociology* 71: 662-684
- Hackman, D. A., Farah, M. J., & Meaney, M. J. (2010). Socioeconomic status and the brain: mechanistic insights from human and animal research. *Nature Reviews. Neuroscience*, 11(9), 651-659. <http://doi.org/10.1038/nrn2897>
- Halfon, N. I. (2005, May). Quality of Preventive Health Care for Young Children: Strategies for Improvement. Retrieved April 11, 2017, from The Commonwealth Fund: <http://www.commonwealthfund.org/~media/files/publications/fund->
- Hedley, A. A., Ogden, C. L., Johnson, C. L., Carroll, M. D., Curtin, L. R., & Flegal, K. M. (2004). Prevalence of overweight and obesity among US children, adolescents, and adults, 1999-2002. *Journal of the American Medical Association*, 291(23), 2847-2850.
- HHS, U. D. (2012, December). Physical Activity Guidelines for Americans Midcourse Review: Strategies to increase physical activity among youth. Retrieved from U.S. Department of Health and Human Services: <http://www.health.gov/paguidelines/midcourse/pag-mid-course-repot-final.pdf>
- HHS, U. D. (n.d.). Facts and statistics. Retrieved from President's Council on Fitness, Sports and Nutrition: <https://www.fitness.gov/resource-center/facts-and-statistics/#footnote-1>
- High, A. T. (2015, February). ACES Science 101. Retrieved from ACES Too High: <https://acestoohigh.com/aces-101/>

- HIP-Cuyahoga, H. I. (2013, March 21). Community Health Status Assessment for Cuyahoga County, Ohio. Retrieved March 10, 2017, from Health Improvement Partnership Cuyahoga County: <http://www.naccho.org/uploads/downloadable-resources/Full-CHACHIPCombined-3-20-13.pdf>
- Isringhausen, K. T. & VanderWielen, L. M. & Vanderbilt, A. A. (2014). Addressing Health Care Disparities and Access to Dental Care while Improving Education: Schools of Dentistry and Federally Qualified Health Centers. *Journal of Health Care for the Poor and Underserved* 25(2), 670-674. The Johns Hopkins University Press. Retrieved June 20, 2017, from Project MUSE database
- Jilcott-Pitts SB, Wu Q, Demarest CL, et al. Farmers' market shopping and dietary behaviours among supplemental nutrition assistance program participants. *Public Health Nutr* 2015; 18: 2407–2414.
- Johnston J (2007) Counter-hegemony or bourgeois piggery? Food politics and the case of foodshare. In: Wright W, Middendorf G (eds) *The fight over food: Producers, consumers, and activists challenge the global food system*. Pennsylvania State University Press, State College, PA.
- Karpman, M. G. (2016, April). Uninsurance Among Young Children, 1997-2015. Retrieved April 11, 2017, from Urban Institute Health Policy Center: [http://www.urban.org/sites/default/files/publication/79696/2000741-Uninsurance among Young Children-1997–2015-Long-Term-Trends-and-Recent-Patterns.pdf](http://www.urban.org/sites/default/files/publication/79696/2000741-Uninsurance%20among%20Young%20Children-1997-2015-Long-Term-Trends-and-Recent-Patterns.pdf)
- Kato, Y. and McKinney, L. (2015), "Bringing food desert residents to an alternative food market", *Agriculture and Human Values*, Vol. 32 No. 2, pp. 215-227.
- Kelsey, M. M., Zepfel, A., Bjornstad, P., & Nadeau, K. J. (2014). Age-related consequences of childhood obesity. *Gerontology*, 60(3), 222-8. doi:<http://dx.doi.org/10.1159/000356023>
- Liaisons to the Community Preventive Services Task Force. (2017, June). Retrieved June 20, 2017, from <https://www.thecommunityguide.org/task-force/liaisons-community-preventive-services-task-force>
- Lumeng J.C, Kaplan-Sanoff M, Shuman S, Kannan S. Head Start teachers' perceptions of children's eating behavior and weight status in the context of food scarcity. *J Nutr Educ Behav* 2008;40:237–243.
- McCrindle, B. W. (2015). Cardiovascular Consequences of Childhood Obesity. *Canadian Journal of Cardiology*, 31(2), 124-130. doi:10.1016/j.cjca.2014.08.017
- McWayne, C. (2014). Validation of a culture-contextualized measure of family engagement in the early learning of low-income Latino children. *Journal of Family Psychology*, 28, 260-266.
- Merz, E. L. (2012). Associations among parental education, home environment quality, effortful control, and preacademic knowledge. *Journal of Applied Developmental Psychology*, 35, 305-315.
- Miller–Heyl, Janet L., David MacPhee, and Janet J. Fritz. 2001. *DARE to Be You: A Systems Approach to the Early Prevention of Problem Behaviors*. New York, N.Y.: Kluwer Academic/Plenum Publishers
- Mold, F.; de Lusignan, S. Patients' Online Access to Their Primary Care Electronic Health Records and Linked Online Services: Implications for Research and Practice. *J. Pers. Med.* 2015, 5, 452-469.
- Monsivais, P., & Drewnowski, A. (2007). The rising cost of low-energy-density foods. *Journal of the American Dietetic Association*, 107(12), 2071–2076.
- Natale, R. A., Messiah, S. E., Asfour, L., Uhlhorn, S. B., Delamater, A., & Arheart, K. L. (2014). Role Modeling as an Early Childhood Obesity Prevention Strategy. *Journal of Developmental & Behavioral Pediatrics*, 35(6), 378-387. doi:10.1097/dbp.0000000000000074
- Petitclerc, A., Côté, S., Doyle, O. et al. ICEP (2017) Who uses early childhood education and care services? Comparing socioeconomic selection across five western policy contexts? 11: 3. doi:10.1186/s40723-017-0028-8
- Physical Activity: Family-Based Interventions (2017). Community Preventative Services Task Force. Retrieved from <https://www.thecommunityguide.org/sites/default/files/assets/OnePager-Physical-Activity-family-based.pdf>
- PRCHN, P. R. (2014). 2014 Middle School Youth Risk Behavior Survey. Retrieved from Prevention Research Center for Healthy Neighborhoods: <http://www.prchn.org>
- Profile of SNAP Households, Ohio Congressional District 11 (2017). U.S. Department of Agriculture, Food and Nutrition Service. Retrieved from [https://fns-prod.azureedge.net/sites/default/files/ops/Ohio\\_11.pdf](https://fns-prod.azureedge.net/sites/default/files/ops/Ohio_11.pdf)
- Profile of SNAP Households, Ohio Congressional District 9 (2017). U.S. Department of Agriculture, Food and Nutrition Service. Retrieved from [https://fns-prod.azureedge.net/sites/default/files/ops/Ohio\\_9.pdf](https://fns-prod.azureedge.net/sites/default/files/ops/Ohio_9.pdf)
- Seid M., S. G. (2003). Parents' Perceptions of Pediatric Primary Care Quality: Effects of Race/Ethnicity, Language, and Access. *Health Services Research*, 1009-1032.
- Serbin, L. H. (2014). The Influence of Parenting on Early Childhood Health and Health Care Utilization. *Journal of Pediatric Psychology*, 1161-1174.
- Sheerin, F., Stonebanks, C. D., Jeffery, K., & Schouten, K. (2016). Health and wellness in rural Malawi: A health development initiative. *Primary Health Care* (2014+), 26(9), 34. doi:<http://dx.doi.org/10.7748/phc.2016.e1158>
- Smith, D., Miles-Richardson, S., Dill, L., & Archie-Booker, E. (2013). Interventions to improve access to fresh food in vulnerable communities: A review of the literature. *International Journal on Disability and Human Development*, 12(4), 409-417. doi:<http://dx.doi.org/10.1515/ijdh-2013-0203>
- Stark, D. (2009). Family Engagement, Diverse Families, and Early Childhood Education Programs: A review of the literature. Retrieved from National Association for the Education of Young Children: <https://www.naeyc.org/files/naeyc/file/research/FamEngage.pdf>
- Talukdar, D. (2008). Cost of being poor: Retail price and consumer price search differences across inner-city and suburban neighborhoods. *Journal of Consumer Research*, 35(3), 457–471.
- Treuhaft, S., & Karpyn, A. (2010). The grocery gap: Who has access to healthy food and why it matters. Oakland and Philadelphia: Policy Link.
- Talukdar, D. (2008).
- U.S. Department of Health and Human Services (2011). Benefit redemption patterns in the supplemental nutrition assistance program. Food and Nutrition Service. Accessed June 9, 2017 from [http://www.fns.usda.gov/sites/default/files/ARRASpendingPatterns\\_Summary.pdf](http://www.fns.usda.gov/sites/default/files/ARRASpendingPatterns_Summary.pdf)
- USDA, U. S. (2015). Nutrition, Physical Activity, and Electronic Media Use in the Child and Adult Care Food Program; Research report on practices, challenges, and technical assistance needs. Washington D.C.: USDA.
- Wilson, P. B., Haeghele, J. A., & Zhu, X. (2016). Mobility Status as a Predictor of Obesity, Physical Activity, and Screen Time Use among Children Aged 5-11 Years in the United States. *The Journal of Pediatrics*, 176, 23-29.e1. doi:10.1016/j.jpeds.2016.06.016
- Wrieden, W., Anderson, A., Longbottom, P., Valentine, K., Stead, M., Caraher, M., . . . Dowler, E. (2007). The impact of a community-based food skills intervention on cooking confidence, food preparation methods and dietary choices – an exploratory trial. *Public Health Nutrition*, 10(2), 203-211. doi:10.1017/S1368980007246658
- Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M. R., Espinoza, L. M., Gormley, W. T., Ludwig, J., Magnuson, K. A., Phillips, D., & Zaslow, M. J. (2013). Investing in our future: The evidence base on preschool education. New York, NY: Foundation for Child Development.