

2015

Cuyahoga County
Early Childhood
Wellness Plan



Infant Feeding

Healthy Foods

Daily Physical Activity

Family Wellness

Good Health and ZIP Codes

Health can no longer be defined as merely the presence or absence of disease, and we can no longer rely solely on individual behavior changes to impact leading health indicators. It has recently been established that 50% of a person's health status is determined by the physical environment in which they live and the social and economic factors influencing their ability to achieve optimal health.¹ Current research suggests that while genes, personal behaviors, and healthcare all play a critical role in our health, there is mounting evidence that a person's ZIP code can be far more impactful in determining health status.²

Optimizing the health of our youngest children has received much attention recently. One in eight preschool children is currently affected by obesity, yet very little investment has been made in early childhood obesity prevention.³ Early experiences are the ideal time to establish not only appropriate diet and activity patterns, but also to promote the development of other health patterns. One of the best opportunities for prevention in the early childhood setting is to create environments where children can grow and develop healthy behavior patterns.⁴

Obesity Among Toddlers in Ohio

In 2011, nineteen states saw a decrease in obesity rates in low-income preschoolers. Ohio's obesity rates for low-income preschoolers remained the same, suggesting that while our early childhood obesity problem is not worsening, it is also not improving.³ Overall, 28% of low-income Ohio children were affected by obesity in 2011 which results in them being four times more likely to have diabetes and two times more likely to be in poor health.⁵ In addition, these children are more likely to develop asthma, suffer from poor mental health, and have limited ability for the activities of daily living.⁶ If the current trend continues, obesity is expected to cost Ohio \$100 billion annually by 2023 in health care costs and lost productivity.⁷

As of October 1, 2013, Ohio began implementing a 5-star Quality Rating and Improvement System (QRIS) called Step Up to Quality (SUTQ), a statewide effort to improve children's access to high quality child care. Ohio centers that receive public funding can receive financial incentives by exceeding the State's health and licensing standards. In FY 2015, the Ohio General Assembly has allocated \$12 million for centers achieving at least a three star rating. By 2019, all child care centers and homes must be rated to continue receiving state funding. To maintain or enhance a center's rating, staff and administrators must participate in professional development opportunities approved by the Ohio Child Care Resource and Referral Association (OCCRRA).

Local efforts will help centers achieve SUTQ requirements related to inclusion of the state's newly adopted Early Learning and Development Standards. Because the standards related to healthy eating and physical activity are rather vague, we hope that our local efforts will demonstrate that stronger standards can be met and will improve the health and academic outcomes of Ohio's young children.

Lack of statistical data on children ages 0-5 related to health behaviors, coupled with limited investment in early childhood obesity prevention, has made it difficult to make the case that the early childhood period is one of the most optimal times to begin influencing behaviors that reduce the risk for obesity. The National Resource Center for Health and Safety in Child Care and Early Education recently examined the strength of language around obesity prevention in state child care licensing regulations as part of a national effort to begin addressing early childhood obesity in child care centers.⁸ While Ohio meets some of the national model standards, there is room for continued improvement around the adoption of model standards.⁹

Ohio Child Care Standards in Comparison with Model National Standards⁹

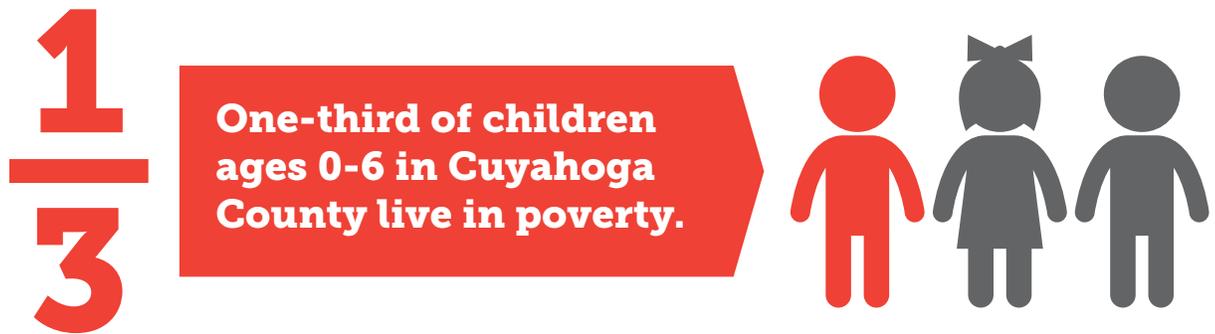
Infant Feeding				Nutrition			
The Standard	Child Care Centers	Large Homes	Small Homes	The Standard	Child Care Centers	Large Homes	Small Homes
Support breastfeeding	Partly Meets Standard	Partly Meets Standard	Partly Meets Standard	Limit oil/fat	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted
Feed on cue	Fully Meets Standard	Fully Meets Standard	Fully Meets Standard	Low fat milk for children older than 2 years	Fully Meets Standard	Fully Meets Standard	Fully Meets Standard
Stop at satiety	Partly Meets Standard	Partly Meets Standard	Partly Meets Standard	Variety of fruits and veggies	Partly Meets Standard	Partly Meets Standard	Partly Meets Standard
Plan solid introduction	Fully Meets Standard	Partly Meets Standard	Partly Meets Standard	Juice is 100%	Fully Meets Standard	Fully Meets Standard	Fully Meets Standard
Introduce solids at 4-6 months	Partly Meets Standard	Partly Meets Standard	Partly Meets Standard	Teach portion size	Partly Meets Standard	Partly Meets Standard	Standard Not Met or Contradicted
No juice < 12 months	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Appropriate serving	Fully Meets Standard	Fully Meets Standard	Partly Meets Standard
Physical Activity				Do not bribe with or force food	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted
				Low fat protein	Partly Meets Standard	Partly Meets Standard	Partly Meets Standard
Space for active play	Fully Meets Standard	Fully Meets Standard	Fully Meets Standard	Whole grains	Fully Meets Standard	Fully Meets Standard	Fully Meets Standard
Play with children	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Water available	Fully Meets Standard	Fully Meets Standard	Fully Meets Standard
No screen time for children	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Limit juice amount	Partly Meets Standard	Partly Meets Standard	Partly Meets Standard
Training	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Eat with children	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted
Don't withhold play	Partly Meets Standard	Standard Not Met or Contradicted	Partly Meets Standard	Limit salt, avoid sugar	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted
No TV with meals	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Standard Not Met or Contradicted	Do not reward or punish with food	Partly Meets Standard	Partly Meets Standard	Partly Meets Standard



Obesity Among Toddlers in Cuyahoga County

Poverty, neighborhood resources, and other social and economic factors all play a role in the health of our children. Today, one-third of children ages 0-6 in Cuyahoga County live in poverty¹⁰. Many of these children live in neighborhoods that lack access to healthy foods, have limited opportunities to play outdoors, and reside in households where families are restricted in the number and quality of opportunities they are able to provide because of limited household income. These neighborhood, social, and economic conditions directly impact the current health trends we see in our children: **22-29% of children ages 0-5 living in Cuyahoga County are currently affected by obesity.**

The early childhood period is a critical time in determining health status across the lifespan. Healthy childhood development is one of the best investments that can be made for our children. When coupled with high quality early childhood programs and positive life experiences, our children can be healthy and ready to learn by the time they enter kindergarten. We have a crucial opportunity to promote the achievement and maintenance of a healthy lifestyle among children in Cuyahoga County to prevent the potentially devastating long-term consequences of unhealthy habits. Interventions in child care facilities, family child care homes, community, and social services agencies that serve children ages 0-5 and support the duration of breastfeeding, improve healthy food and beverage choices, increase physical activity opportunities, and engage parents are imperative to improving our current health trends.



Combating Early Childhood Obesity

A dedicated effort to raise awareness and elevate the local conversation around early childhood obesity originated in 2012 through the support of the Mt. Sinai Health Care Foundation, Invest in Children, Starting Point, and other partners. Two early childhood obesity summits were convened, focusing on early childhood interventions and best practices and the implementation of early childhood wellness policies. A strong desire emerged for the formal mobilization of early childhood obesity prevention efforts across Cuyahoga County.

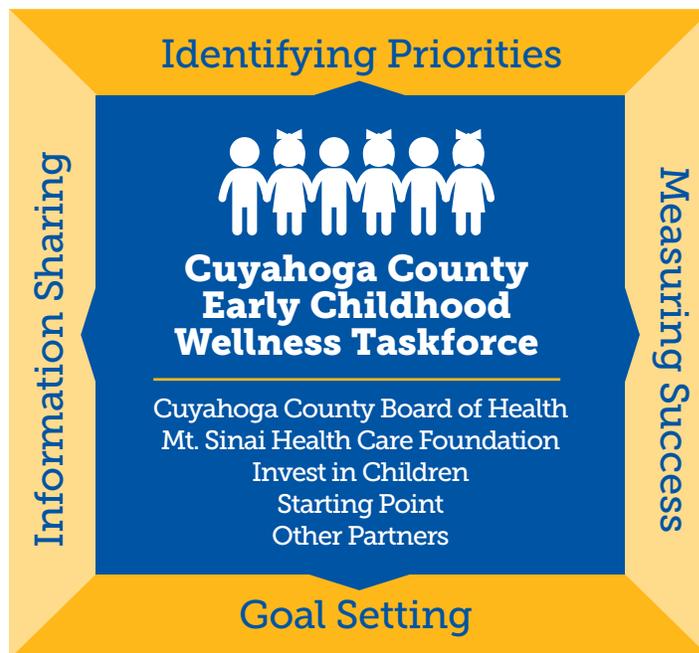
In an effort to institutionalize local momentum from the two summits, the development of a local early childhood wellness taskforce was discussed and would be convened under the umbrella of Invest in Children (IIC). IIC is a community-wide, public/private partnership administered by the Cuyahoga County Office of Early Childhood. The mission of IIC 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. Early Childhood Wellness efforts aligned with IIC's Goal 2 committee: Safe and Healthy Kids.

The Cuyahoga County Early Childhood Wellness Taskforce

Generously supported by the Mt. Sinai Health Care Foundation, the Cuyahoga County Early Childhood Wellness Taskforce was convened in August 2014 in response to an identified need for the formal mobilization of local stakeholders to take action on early childhood wellness outcomes, with a particular interest on preventing early childhood obesity. The Taskforce worked across sectors to identify priorities, set goals, share information, and establish ways to measure successes in improving the environments in which our children ages 0-5 live, learn, sleep, and play.

The Cuyahoga County Early Childhood Wellness Plan is reflective of the collective interests and resources available in Cuyahoga County. The plan strives to maximize positive health outcomes for children by helping them to reach and maintain a healthy weight. The plan recommends adopting best practices in the areas of infant feeding, age-appropriate foods and beverages, increased physical activity, reduced screen time, and family engagement.

The Cuyahoga County Early Childhood Wellness Taskforce endorsed evidence-based programs and best practices that support healthy eating and active living environments in early education. Objectives in this plan will be reviewed on an annual basis and will be revised accordingly to reflect the most current evidence base.



Improving the environments
in which our children ages 0-5
live, learn, sleep, and play.

The Target Population

Young children spend, on average, 32 hours a week in a child care setting making these settings ideal for early childhood obesity prevention efforts¹¹. In 2012, 38,000 children ages birth to five in Cuyahoga County were served by early education providers. Therefore, we are choosing to focus our local efforts on child care centers and other agencies which serve children ages 0-5.

Our Approach

It is now recognized that in order to see improvements in health status we can no longer rely on individual behavior change. Without the availability of options that support healthy lifestyles, individual choices are limited. A policy, systems, environmental (PSE) approach has emerged in the evidence-base as a way of positively changing the environment to make healthy choices the easiest choices for individuals.

Our Vision

Cuyahoga County is a community that provides all children ages 0-5 the opportunity to establish healthy lifestyles by supporting policies and practices that encourage age-appropriate foods and beverages, daily activity, reduced screen time, and healthy families across all ages and stages.

Our Goal

The goal of the Cuyahoga County Early Childhood Wellness Plan is to:



Increase the duration of breastfeeding along with the introduction of complementary foods for infants through the first year of life

Infant Feeding



Increase the availability of healthy foods and beverages

Healthy Foods



Increase opportunities for daily activity while minimizing screen time

Daily Physical Activity



Increase family engagement around wellness behaviors

Family Wellness



INFANT FEEDING

Since the late 1970s, there has been a concerted effort by organizations, both nationally and locally, to increase the number of infants exclusively breastfed through the first six months of life and the number who continue breastfeeding with the introduction of age-appropriate foods until their first birthday.¹² Extensive research shows that breast is indeed best for baby as evidenced by the reduction in risk for breastfed infants of contracting serious respiratory and gastrointestinal infections, diabetes, and dying from Sudden Infant Death Syndrome (SIDS).¹³ Breastfeeding exclusively for the first six months of life could prevent nearly 1,000 infant deaths, and breastfeeding until the infant's first birthday may lower the likelihood of obesity during adolescence and adulthood by 15-30%.¹⁴ Furthermore, breastfed babies are better able to self-regulate their intake, leading to potentially healthier eating habits later in life.¹⁵

Unfortunately, breastfeeding has received negative attention recently, deterring some women from viewing it as a healthy option for both themselves as well as their infants. Some reasons given by new mothers who end breastfeeding before six months of age include perceived and actual lack of milk supply, difficulty and pain with latching, inexperience, unrealistic expectations, returning to work or school, and lack of family and professional support.¹⁶ An additional factor that has negatively impacted sustained breastfeeding is the lack of supportive environments for mothers and their infants, including those environments providing supervised care once a mother returns to work.¹⁷

Ohio has one of the lowest rates of breastfeeding initiation compared to other states and is in the top ten nationally for highest obesity rates.¹³ Disparities persist in Cuyahoga County for breastfeeding rates across race, ethnicity, income levels, and educational attainment, with lowest initiation rates occurring among women living in neighborhoods experiencing poor economic and social conditions. New research released has shown that children ages six to twelve months with mothers of higher income and educational levels (above \$60,000 per year with some college or more) were more likely to have diets higher in nutrients while their counterparts (below \$25,000 per year with some or all of high school) were more likely to eat diets higher in fat and sugar.¹⁸ One avenue to achieve improved breastfeeding rates includes partnering with child care centers, communities, and social service agencies to promote breastfeeding as the 'normal' or preferred method of feeding an infant until the age-appropriate introduction of complementary foods is recommended.



Breastfeeding exclusively for:

6 Months

could prevent

1000
deaths



12 Months

may lower the
likelihood of obesity

15-30%

Introduction to Age-Appropriate Foods Recommendations:^{19,20}

When an infant is ready to begin complementary foods, small servings of one or two teaspoons of individual foods are recommended once a day. This serving amount can be gradually increased to two to four tablespoons or more per feeding as tolerable. Four to six month old infants may start out with one meal a day and gradually work up to about three meals and two to three snacks per day.²¹

Parents are encouraged to monitor for a child's readiness for complimentary foods by watching for hunger cues.

Hunger Cues

Moving, licking, and smacking lips, sucking in lips, tongue, and fingers, or opening mouth when touched on the chin, sheek, or lips.

Introduce a child to one new food at a time and then wait at least two or three days for any potential allergic reactions.

Finger Foods

These can be introduced once a child is able to sit up alone and bring his/her hands to his/her mouths.

Teach children to eat different types of nutrient-rich foods that promote growth and development.

Ready. Set. Go!

They will be ready to enter kindergarten ready to learn and play at their best!

Infant Feeding | Goal

The Cuyahoga County Early Childhood Wellness Taskforce will work to promote and support mothers to exclusively breastfeed for six months and breastfeed in combination with the introduction of age-appropriate foods through the first year of life.

Infant Feeding | Policy Objectives

1. By December 31, 2016, five child care centers and five community and/or social service agencies will achieve the Breastfeeding Friendly Child Care Center designation by adopting policies to support breastfeeding.

Strategies:

- Use available resources to develop a comprehensive program that meets the needs of breastfeeding mothers in Cuyahoga County.
- Provide professional development to child care centers, community, and social service agencies on becoming a Breastfeeding Friendly Child Care Center.
- Provide professional development for child care centers, community, and social service agencies on the importance of breast milk as the primary source of nutrition for an infant.
- Provide technical assistance to child care centers, community, and social service agencies on the creation and implementation of a Breastfeeding Friendly Child Care Center action plan.
- Provide professional development to child care centers, community, and social service agencies on ways to promote and encourage new mothers to breastfeed.
- Assist child care centers, community, and social service agencies with applying for the Breastfeeding Friendly Child Care Center designation.
- Recognize child care centers, community, and social service agencies that achieve the Breastfeeding Friendly Child Care Center designation.

2. By December 31, 2016, five child care centers and five community and/or social service agencies will adopt new infant feeding policies that support the introduction of age-appropriate, healthy first foods.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on age-appropriate first foods.
- Provide technical assistance to child care centers, community, and social service agencies on creating and implementing infant feeding policies.

Infant Feeding | Environmental Objectives

1. By December 31, 2016, five child care centers and five community and/or social service agencies* will have a new designated, comfortable, and quiet space for breastfeeding mothers and staff members to use to express milk or feed their infant.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on how to support breastfeeding through the development of a designated lactation room.
- Provide technical assistance to child care centers, community, and social service agencies on a needs assessment of the available space and facilities for establishing a lactation room.
- Provide professional development to staff on how to support good use of the lactation room for purposes other than solely expressing milk, such as for mother and infant skin-to-skin cuddle time.

2. By December 31, 2016, five child care centers and five community and/or social service agencies will have a new designated clean food preparation area to prepare breast milk.

Strategies:

- Provide professional development for the cooks/ food service directors/ staff members working in the child care centers, community, and social service agencies on how to safely handle and store breast milk.
- Provide technical assistance to staff regarding storing and handling breast milk, including guidance on the importance of using expressed milk carefully with a “no drop wasted” goal.
- Provide child care centers, community, and social service agencies with local resources that offer safe, food handling classes such as ServSafe.
- Not inclusive of those who achieve the Breastfeeding Child Care Center designation.



Infant Feeding | Resources & Support

The Cuyahoga County Early Childhood Wellness Taskforce will provide child care centers, community, and social service agencies with the educational opportunities and resources needed.

Educational Opportunities & Resources:

1. By December 31, 2016, educational materials supporting age-appropriate infant foods will be given to 50% of child care centers, community, and/or social service agencies serving children ages 0-5 in Cuyahoga County for dissemination to parents and caregivers.

Strategies:

- Provide staff with education on how to spot early hunger and satiety cues, appropriately introduce new complementary foods, and provide positive verbal encouragement to infants after six months of age.
- Provide professional development to staff on the proper use of age-appropriate drinking and eating utensils.

2. By December 31, 2016, five educational opportunities about breastfeeding and age-appropriate healthy foods for infants will be offered to families and caregivers of children ages 0-5.

Strategies:

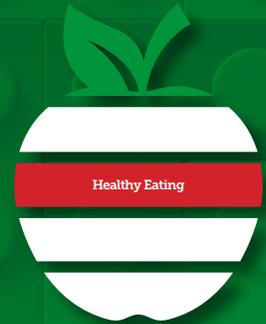
- Develop partnerships and/or conduct a needs assessment to identify the best mechanisms for reaching new parents with healthy feeding practice information.
- Expand the use of existing programs to reach all new mothers with educational messages.

We will support other community organizations to:

Achieve the Baby Friendly Hospital Designation.

Offer a list of available resources to support breastfeeding women.

Advocate for policies and resources in the community that support breastfeeding.



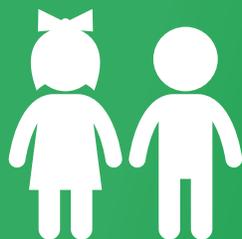
HEALTHY EATING

By teaching children healthy eating habits and modeling these behaviors as parents and caregivers, children can maintain a healthy weight and normal growth. The eating habits children learn when they are young help them maintain a healthy lifestyle as they grow into adults. Due to the ever evolving nutritional guidelines, it is often difficult to stay up-to-date with the most current healthy food and beverage guidelines. As a result, several national organizations focused on children's health have developed well-defined nutritional guidelines to promote a lifetime of healthy eating habits needed to achieve and sustain an appropriate body weight during all ages and stages of growth.²² During this essential time of development, children ages 0-5 are establishing eating habits primarily through observation of the choices adults make and the foods that are offered to them. Therefore, it is very important for adults and caregivers to be positive role models for these young, impressionable eyes that watch them, particularly while they eat.²³

Cuyahoga County has invested in assessing risk behaviors among middle school and high school students for over ten years as a means to monitor health behaviors and inform local programming across the spectrum of child health. The 2014 Cuyahoga County Middle School Youth Risk Behavior Survey indicates that only 22% of students (7th and 8th graders) eat five or more fruits and vegetables a day, 71% eat fast food at least once a week, 63% skipped breakfast regularly, and 9% took a multivitamin every day.²⁴ It can be inferred that because this older population of students struggle to maintain healthy eating habits that younger children struggle with these same habits as well.

Many techniques have been established over the years to encourage healthy food choices among young children, including the division of responsibilities in feeding, role modeling, family style eating, and the "no-thank you" bite, all of which have been recognized as evidence-based methods to influence and establish healthy eating habits in children²⁵. It is imperative that parents and caregivers know their role in providing children with healthy, balanced meals consisting of each of the five food groups in age-appropriate portion sizes.

7th-8th Graders



71% eat fast food once a week or more



63% regularly skip breakfast



22% eat 5 or more fruits and vegetables per day



9% everyday take a multivitamin

Indicated by the 2014 Cuyahoga County Middle School Youth Risk Behavior Survey

Recently, a greater focus has also been placed on reducing the consumption of sugar sweetened beverages, such as soda and juice drinks, due to their associated risk of excessive weight gain in children. Sugary beverages are the leading source of calories in the American diet. 56% of middle school students are drinking at least one soda a day.²⁴ The push to eliminate or replace these drinks with whole fruits and vegetables has become the standard recommendation.^{28,29}

Providing children with healthy, balanced meals consisting of age-appropriate serving sizes of each food group is a challenge in households and communities that have both limited access to healthy foods and limited funds to purchase these foods. Increasing access and affordability of healthy foods to parents and caregivers will result from a focused effort on making connections between agencies serving children and the local food community. The Farm to Child Care framework advocates for purchasing locally grown and produced foods from farmers markets and local growers for meals and snacks, establishing hands-on learning environments such as gardens, and integrating nutrition and agriculture into existing curricula³⁰. Other successful interventions include promoting food assistance programs to families and caregivers that are eligible to participate.³¹

The Cuyahoga County Early Childhood Wellness Taskforce will work to promote and support child care centers, community, and social service agencies in creating an environment that increases the availability of healthy foods and beverages to children ages 0-5.

Healthy Eating | Goal

Child care centers, community, and social service agencies serving children ages 0-5 will offer more healthy foods and beverages and reduce the availability of non-healthy foods and sugar sweetened beverages during meals and snacks.



Daily Nutrition Recommendations for Preschoolers:²⁶

Food Group	2 year olds*	3 year olds	4-5 year olds	What counts as...
 <p>Fruits</p>	1 cup	1 - 1 1/2 cups	1 - 1 1/2 cups	<p>1/2 cup of fruit?:</p> <ul style="list-style-type: none"> • 1/2 cup mashed, sliced, or chopped fruit • 1/2 cup 100% fruit juice • 1/2 medium banana • 4-5 large strawberries
 <p>Veggies</p>	1 cup	1 1/2 cups	1 1/2 - 2 cups	<p>1/2 cup of veggies?:</p> <ul style="list-style-type: none"> • 1/2 cup mashed, sliced, or chopped veggies • 1 cup raw leafy greens • 1/2 cup vegetable juice • 1 small ear of corn
 <p>Grains</p>	3 ounces	3 - 4 ounces	4 - 5 ounces	<p>1 ounce of grains?:</p> <ul style="list-style-type: none"> • 1 slice bread • 1 cup ready-to-eat cereal flakes • 1/2 cup cooked rice or pasta • 1 tortilla (6" across)
 <p>Protein</p>	2 ounces	3 - 4 ounces	3 - 5 ounces	<p>1 ounce of protein?:</p> <ul style="list-style-type: none"> • 1 ounce cooked lean meat, poultry, or seafood • 1 egg • 1 tablespoon peanut butter • 1/4 cup cooked beans or peas (kidney, pinto, lentils)
 <p>Dairy</p>	2 cups	2 cups	2 1/2 cups	<p>1/2 cup of dairy?:</p> <ul style="list-style-type: none"> • 1/2 cup milk • 4 ounces yogurt • 3/4 ounce cheese • 1 string cheese

* For kids between 12 and 24 months, the 2 year old recommendations can serve as a guide, but during this year toddler diets are still in transition²⁷

Healthy Eating | Policy Objectives

1. By December 31, 2016, five child care centers and five community and/or social service agencies will adopt new policies that will make healthy foods and beverages more accessible to children ages 0-5.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on model policies that address healthy foods and beverages.
- Provide technical assistance to child care centers, community, and social service agencies on the creation and implementation of healthy food and beverage policies.
- Provide technical assistance to child care centers, community, and social service agencies on how to create and implement healthier meal and snack menus.

2. By December 31, 2016, five child care centers and five community and/or social service agencies will adopt new policies that support the use of non-food rewards for children ages 0-5.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on using non-food rewards.
- Provide technical assistance to child care centers, community, and social service agencies on the creation and implementation of non-food reward policies.

3. By December 31, 2016, five child care centers and five community and/or social service agencies serving children ages 0-5 will adopt new policies that establish practices for responsive feeding.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on how to promote responsive feeding in children ages 0-5.
- Provide technical assistance to child care centers, community, and/or social service agencies on the creation and implementation responsive feeding policies.

4. By December 31, 2016, five child care centers and five community and/or social service agencies will adopt new policies that establish healthy celebration guidelines for children ages 0-5.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on how to have healthy celebrations.
- Provide technical assistance to child care centers, community, and social service agencies on the creation and implementation of healthy celebration policies.

Healthy Eating | Environmental Objectives

- 1. By December 31, 2016, five child care centers and five community and/or social service agencies will have materials promoting and supporting healthy eating visibly hung up in classrooms and common areas.**

Strategies:

- Provide child care centers, community, and social service agencies with child-friendly healthy eating posters that can be easily displayed.

- 2. By December 31, 2016, five child care centers and five community and/or social service agencies will have materials promoting and supporting healthy beverages visibly hung up in classrooms and common areas.**

Strategies:

- Provide child care centers, community, and social service agencies with healthy drinking posters that can be easily displayed.
- Provide professional development to staff members on how to encourage water first for thirst.

Healthy Eating | Systems Objectives

- 1. By December 31, 2017, five child care centers and five community and/or social service agencies serving children ages 0-5 will adopt at least one new component of the Farm to Child Care framework.**

Strategies:

- Provide professional development to child care centers, community, and social service agencies on the farm to child care model and the benefits of making connections to the local food economy.
- Provide professional development to child care centers, community, and social service agencies on how to conduct taste tests, evaluate taste tests, and properly handle and serve foods in the classroom setting.
- Provide technical assistance to child care centers, community, and social service agencies on the implementation of the farm to child care model.
- Provide technical assistance to child care centers, community, and social service agencies on ways to create a monthly tasting program, complete with a food preference rating sheet and other evaluation measures.
- Provide child care centers, community, and social service agencies with local farms/ resources where they could purchase fresh, local foods for tastings.

Healthy Eating | Resources & Support

The Cuyahoga County Early Childhood Wellness Taskforce will provide child care centers, community, and social service agencies with the educational opportunities and resources needed.

Educational Opportunities & Resources:

1. By December 31, 2016, educational materials supporting healthy foods and beverages will be given to 50% of child care centers, community, and social service agencies for dissemination.

Strategies:

- Provide staff with education on how to spot early hunger and satiety cues, appropriately introduce new complementary foods, and provide positive verbal encouragement to infants after six months of age.
- Provide professional development to staff on the proper use of age-appropriate drinking and eating utensils.

We will support other community organizations to:



Advocate for policies & resources that support healthy eating.



Offer a list of available resources to support healthy eating guidelines.



Make connections between families and food assistance programs.



Make connections between families and Cuyahoga County farmers' markets



DAILY PHYSICAL ACTIVITY

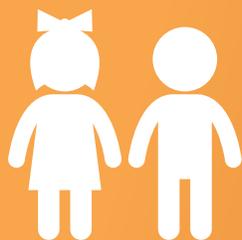
Daily physical activity is strongly linked to maintaining a healthy body weight over time.³² According to the 2014 YRBS, only 51% of 7th and 8th graders meet recommended amounts of physical activity each week, 32% watch three or more hours of television a day, and 47% use computers for things other than school work or play video games for three or more hours a day.²⁴ Recognizing that health behaviors track over the lifespan, this data suggests that children ages 0-5 struggle to meet physical activity and screen time recommendations. Therefore, it is particularly important to engage children as early as possible to establish healthy physical activity habits that should continue into adulthood.

Until recently, there were no specific physical activity guidelines for children younger than six years of age.³³ However, given the rise in early childhood obesity rates, recommendations have now been established for this population as physical activity has been determined crucial for the development of gross motor skills, balance, coordination, and social skills.³⁴ Additionally, the new guidelines include reducing or eliminating screen time, defined as any time spent in front of a device that has a screen such as televisions, video games, smart phones, and computers.

The built environment that shapes the areas in which children live, learn, and play can also have a profound impact on their opportunities to be physically active. Distressed neighborhoods generally lack the financial resources necessary to invest in playgrounds and open green spaces.³⁷ Without this infrastructure, children are less likely to go outside and play, with or without supervision. In addition, the increased need for dual income households result in parents and caregivers who are away from home frequently. Screen time is often used for entertainment in the absence of other opportunities, increasing the risk of potentially unhealthy habits.

The Cuyahoga County Early Childhood Wellness Taskforce will work to promote and support child care centers, community, and social service agencies in creating environments that increase daily physical activity and reduce screen time for children ages 0-5.

7th-8th Graders



51% meet weekly physical activity recommendations



32% watch three or more hours of television a day



47% spend three or more hours a day on computers or playing video games

Indicated by the 2014 Cuyahoga County Middle School Youth Risk Behavior Survey

Daily Physical Activity | Goal

Child care centers, community, and social service agencies in Cuyahoga County will offer more opportunities for daily physical activity and less screen time to children ages 0-5.

Daily Physical Activity | Policy Objectives

1. By December 31, 2016, five child care centers and five community and/or social service agencies will adopt new policies that meet age-appropriate physical activity recommendations for children ages 0-5.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on age appropriate requirements for physical activity.
- Provide technical assistance to child care centers, community, and social service agencies on creating and implementing physical activity policies.

2. By December 31, 2016, five child care centers and five community and/or social service agencies will adopt new policies that avoid withholding physical activity as punishment.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on not withholding physical activities as a punishment.
- Provide technical assistance to child care centers, community, and social service agencies on the creation and implementation of policies that do not withhold physical activity as a punishment.

3. By December 31, 2016, five child care centers and five community and/or social service agencies will adopt new policies meet age-appropriate screen time recommendations for children ages 0-5.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on limiting available screen time.
- Provide technical assistance to child care centers, community, and social service agencies on creating and implementing reduced screen time policies.

National Physical Activity and Screen Time Guidelines:^{35,36}

Age	Infants (birth to 12 months)	Toddlers (ages 1-2)	Preschoolers (ages 3-5)
 <p>Structured Physical Activity</p>	Daily planned physical activities that support & promote developmental milestones	At least 30 minutes daily	At least 60 minutes daily
 <p>Unstructured Physical Activity</p>	<p>"Tummy Time" 2-3 times per day</p> <p>Less than 30 minutes per day in confining equipment</p>	At least 60 minutes daily of "free play"	At least 60 minutes daily of "free play"
 <p>Play Area</p>	Large, open, safe play surfaces to promote free movement	Large, open, safe play surfaces indoors and outdoors developmentally appropriate toys and equipment	Large, open, safe play surfaces indoors and outdoors developmentally appropriate toys and equipment
 <p>Screen Time</p>	No Screen Time	No Screen Time	Limited to 2 hours or less, educational or physically interactive

Daily Physical Activity | Environmental Objectives

1. By December 31, 2017 five child care centers and five community and/or social service agencies serving children ages 0-5 will increase access to physical activity opportunities through the establishment of shared use agreements.

Strategies:

- Provide professional development for child care centers, community, and social service agencies on how the importance of shared use agreements and how to establish them.
- Provide technical assistance to child care centers, community, and social service agencies on creating and establishing shared use agreements.

2. By December 31, 2016, five child care centers and five community and/or social service agencies will provide children ages 0-5 access to safe indoor and outdoor play spaces with age-appropriate equipment.

Strategies:

- Provide professional development for child care centers, community, and social service agencies on how to support physical activity through the development of safe play spaces.
- Provide technical assistance to child care centers, community, and social service agencies on a needs assessment of available space and facilities for establishing safe play spaces.

3. By December 31, 2016, five child care centers and five community and/or social service agencies will reduce or eliminate screens in classrooms and common areas serving children ages 0-5.

Strategies:

- Provide professional development to child care centers, community, and social service agencies on the negative effects of screen time in children ages 0-5.
- Provide technical assistance to child care centers, community, and social service agencies on how to remove screen time use throughout the day.

Daily Physical Activity | Systems Objectives

1. By December 31, 2016, five child care centers and five community and/or social service agencies will promote physical activity regularly throughout the day.

Strategies:

- Provide professional development for child care centers, community, and social service agencies on the importance of physical activity for the growth and development of children ages 0-5.
- Provide technical assistance to child care centers, community, and social service agencies on ways to incorporate physical activity into the curriculum.

2. By December 31, 2016, five child care centers and five community and/or social service agencies will limit use of screen time throughout the day.

Strategies:

- Provide professional development to child care center, community, and social service agencies on the negative effects of screen time in children ages 0-5.
- Provide technical assistance to child care centers, community, and social service agencies on ways of replacing screen time with physical activity opportunities.

Daily Physical Activity | Resources & Support

The Cuyahoga County Early Childhood Wellness Taskforce will provide child care centers, community, and social service agencies with the educational opportunities and resources needed.

Educational Opportunities & Resources:

1. By December 31, 2016, educational materials supporting physical activity will be given to 50% of the child care centers, community, and/or social service agencies serving children ages 0-5 in Cuyahoga County for dissemination.

Strategies:

- Provide child care centers, community, and social service agencies with educational material regarding physical activity.
- Disseminate information regarding available fitness centers/programs that are offered for children ages 0-5 throughout the community.

2. By December 31, 2016, educational materials supporting the elimination or reduction of screen time will be given to 50% of the child care centers, community, and/or social service agencies serving children 0-5 in Cuyahoga County for dissemination.

Strategies:

- Provide child care centers, community, and social service agencies with educational material regarding the negative effects of screen time.
- Provide ongoing staff development to promote and support the reduction of screen time use within classrooms and common areas.

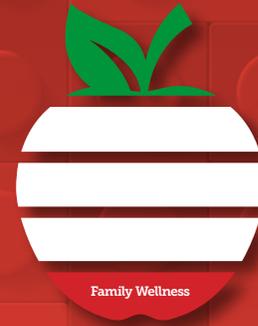
We will support other community organizations to:



Advocate for policies and resources that support daily physical activity.



Offer a list of available resources that support physical activity for children ages 0-5.



FAMILY WELLNESS

The 2,000 days between birth and the first day of kindergarten are crucial to the growth and development of a child. Research strongly links physical, behavioral, and cognitive development early in life with health outcomes in adulthood.³⁸ Because healthy behaviors start at the very beginning of life and endure through the lifetime, it is vital for parents to be the driving force that positively influences their children every day. Children ages 0-5 are very aware of how their parents and caregivers eat, act, and interact with others, so it is essential to surround them with positive health role models as they grow.

Family engagement is an important component of efforts centered on child care centers, community, and social service agencies to raise children who are physically and mentally well. Parents and caregivers can provide positive messages to children by being more physically active and exhibiting healthier eating habits simply by modeling best practices. Parents who endorse physical activity by living active lifestyles are more likely to pass on this healthy trait to their children.³⁹ Additionally, parents and caregivers are the decision makers for what foods are purchased and how they are prepared, so it is their responsibility to make healthy choices.

It has also been recently suggested that in order for healthy eating and physical activity habits during the early childhood period to become well established, more attention needs to be given to assisting parents, particularly those struggling, with the tools and resources needed to provide supportive home environments and experiences that lead to optimal health.³⁸

The Cuyahoga County Early Childhood Wellness Taskforce will work to acknowledge current family engagement initiatives, explore opportunities, engage partners, and align efforts to inform the development of family engagement strategies around healthy eating and physical activity behaviors for children ages 0-5.

Family Wellness | Goal

- Child care centers, community, and social service agencies serving children 0-5 in Cuyahoga County will offer more opportunities that engage families around healthy eating and physical activity behaviors.

Family Wellness | Objective

- 1. By December 31, 2016, the Cuyahoga County Early Childhood Wellness Taskforce will explore local opportunities that engage families around healthy eating and physical activity behaviors for children ages 0-5.**

Strategies:

- Conduct an environmental scan of current family engagement initiatives in Cuyahoga County
- Speak with local public health partners across Ohio who are using family engagement as a part of obesity prevention efforts
- Reach out to families via focus groups, surveys, and/or other assessment methods to understand their perspectives on meaningful activities and the tools and resources needed to encourage healthy eating and physical activity behaviors at home.

Family Wellness | Resources & Support

The Cuyahoga County Early Childhood Wellness Taskforce will provide child care centers, community, and social service agencies with the educational opportunities and resources needed.

Educational Opportunities & Resources:

- 1. By December 31, 2016, educational materials supporting family wellness habits will be given to 50% of the child care centers, community, and/or social service agencies serving children 0-5 in Cuyahoga County for dissemination.**

Strategies:

- Provide community partners with assistance on ways of incorporating family engagement into the curriculum.
- Disseminate information regarding available educational classes and other resources on healthy families that are offered throughout the community.
- Provide ongoing staff education about the benefits of engaging parents and caregivers in wellness activities.
- Provide handouts on ways for parents to engage establishing wellness habits in their children's lives at home.

We will support other community organizations to:

Advocate for policies and resources that support family engagement.

Make connections between families and local family engagement opportunities within Cuyahoga County.

Opportunities to Further All Goals

In addition to supporting each specific goal with their own primary objectives, we see opportunities to enhance all the goals through these two important opportunities:

Further Goals | Training

The goal of the policy, systems, environmental (PSE) change approach to the Cuyahoga County Early Childhood Wellness Plan is to provide child care centers, community, and social service agencies with the tools needed to make healthy options readily available to children ages 0-5.

1. **By December 31, 2016, fifteen child care centers will complete the Healthy Children, Healthy Weights training program.**



Strategies:

- Provide professional development to child care staff on how to implement best practices for physical activity, healthy foods and beverages, growing, and family engagement.
- Provide technical assistance to child care centers to create and adopt a wellness policy, healthy menu changes, and engage families that follow the Healthy Children, Healthy Weights framework.

Healthy Children, Healthy Weights

15 hours of FREE Step Up to Quality (SUTQ) approved training for child care centers who are passionate about preventing overweight and obesity in children ages 0-5.

<p>Session 1 Healthy Habits (4, 2.5 hr sessions; 10 hrs total)</p> <p>Who should attend? Home care providers and/or the lead teachers from each age level are required to attend all four parts: Healthy Activities, Healthy Eating and Feeding, Healthy Growing and Healthy Families.</p> <p>What will be covered? Sessions discuss childhood obesity and health risks, physical activity, basic nutrition, positive role modeling, growing great tasters, and ways to encourage parent outreach through 12 Key Messages.</p>	<p>Session 2 Healthy Menus (1, 2.5 hr session; 2.5 hrs total)</p> <p>Who should attend? The cook and/or person planning the menus is required to attend this session.</p> <p>What will be covered? The session discusses healthy eating behaviors, what to consider when feeding young children, and how to plan a healthy menu on a budget that offers variety and balance needed.</p>	<p>Session 3 Healthy Policies (1, 2.5 hr session; 2.5 hrs total)</p> <p>Who should attend? The home care provider, administrator, and/or director must attend this session which focuses on creating a healthier child care environment through policy.</p> <p>What will be covered? The session discusses the importance of healthy policies for creating and keeping a healthy environment and ideas on how to adopt and implement a new, effective healthy policy.</p>
--	---	---

Training opportunities for Ohio Healthy Program (OHP):

Healthy Children, Healthy Weights (HCHW) will be posted on the OPDN registry or contact your local instructor, Alison Patrick, for training dates and times at 216-201-2001 x 1513 or apatrick@ccbh.net.

Further Goals | Establish a Community-Led Committee

The Cuyahoga County Early Childhood Wellness Taskforce recognizes that true improvements in early childhood health status can and will only occur through effective community partnerships. To advance the goals and objectives of the Cuyahoga County Early Childhood Wellness Plan, a community led early childhood health coalition will be convened in the Fall of 2015. The committee will consist of individuals who share in the same interest and passion for achieving the goal of creating a healthier environment for children ages 0-5 residing in Cuyahoga County. The coalition will serve to advance the goals and objectives of the Cuyahoga County Early Childhood Wellness Plan as well as identify additional opportunities for change.



1. By December 31, 2016, a resource guide of available early childhood wellness programs and services for children ages 0-5 will be developed for Cuyahoga County.

Strategies:

- Conduct an environmental scan of programs and services in Cuyahoga County.
- Create a resource guide highlighting programs and services that address infant feeding, healthy eating, physical activity, and family engagement.
- Disseminate the resource guide to child care centers, community, and social service agencies within Cuyahoga County.

2. By December 31, 2016, a comprehensive policy, systems, environmental (PSE) change strategy document to assist with PSE implementation will be developed for Cuyahoga County.

Strategies:

- Gather the evidence base on PSE approaches in early childhood.
- Create a comprehensive PSE document for Cuyahoga County for use by child care centers, community, and social service agencies serving children ages 0-5.
- Disseminate the PSE document for use with child care centers, community, and social service agencies to use as a menu of options as they establish healthier environments for children ages 0-5.



Conclusion

Improvements in early childhood health will not be accomplished without a committed, cohesive, and collaborative effort that not only improves the environments to which children are exposed, but also engages families and caregivers in the process. Through its work, the Taskforce encourages child care centers, community, and social service agencies serving children ages 0-5 to raise the standards of childhood wellness by reaching beyond the minimum state requirements in the areas infant feeding, healthy foods and beverages, physical activity, and screen time. The Taskforce will both recognize and promote child care centers, community, and social service agencies that make the commitment to raising the standards on improving the health and well-being of children and families in Cuyahoga County.

For more information about the plan, please contact:

Cuyahoga County Board of Health
5550 Venture Drive
Parma, OH 44130
(216) 201-2001 x 1513 or x 1514

Sponsored by:



Acknowledgments

The Cuyahoga County Early Childhood Wellness Taskforce would like to thank the following individuals and organizations for their commitment to the development of the Cuyahoga County Early Childhood Wellness Plan:

Susie Akers
MetroHealth
Medical Center

Marcos Cortes
Invest in Children

Rebekah Dorman
Invest in Children

Sarah Jones
Case Western
Reserve University

Lisa Matthews
Cleveland Department
of Public Health

Ann Nevar
Rainbow Babies and
Children's Hospital

Alison Patrick
Cuyahoga County
Board of Health

Cathy Schreiber
Children's Museum
of Cleveland

Marilyn Burns
Healthy Village,
Healthy Child Project

Michelle Del Toro
Cleveland Clinic

Cindy Fareed
Starting Point

Julie Kane
Cuyahoga County
Board of Health

Mary Lou McManus
CEOGC

Billie Osborne-Fears
Starting Point

Julie Raskind
Mt. Sinai Health
Care Foundation

Rhonda Sharpley
Cleveland Child Care

Maria Campanelli
Children's Museum
of Cleveland

Jennifer Dodd
Educational
Services Center

Brian Gleisser
CEOGC

Marie Masotya
Rainbow Babies and
Children's Hospital

Jodi Mitchell
Mt. Sinai Health
Care Foundation

Sandy Oxley
Voices for
Ohio's Children

Mary Ann Salsbury
WIC

Amy Sheon
Case Western
Reserve University

References

1. The Determinants of Health. Retrieved September 23, 2014, from World Health Organization: <http://www.who.int/hia/evidence/doh/en/>
2. Commission to Build a Healthy America. (2013, June 19). Improving the Health of All Americans by Focusing on Communities. Retrieved September 23, 2014, from Robert Wood Johnson Foundation: <http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf406482>
3. Vital Signs: Obesity Among Low-Income, Preschool-Aged Children - United States, 2008-2011. (2013, August 9). Retrieved December 2, 2014, from Centers for Disease Control and Prevention: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6231a4.htm>
4. Early Childhood Obesity Prevention Policies. (2011). Retrieved December 2, 2014, from The National Academies Press: <http://www.nap.edu/catalog/13124/early-childhood-obesity-prevention-policies>
5. Child Poverty: Early Childhood Data Brief. (2014, March). Retrieved September 23, 2014, from Center on Urban Poverty and Community Development: <http://www.investinchildren.cuyahogacounty.us/en-US/publications.aspx>
6. Early Childhood Overweight and Obesity. (2014). Retrieved September 23, 2014, from Ohio Department of Health: http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/data%20statistics/maternal%20and%20child%20health/ec_overweightobesity.ashx
7. Cuttler, L., Gallan, A., Nevar, A., Silvers, J., Simpson, L., & Singer, M Obesity in Children and Families Across Ohio. Retrieved December 2, 2014, from Cincinnati Children's Hospital Medical Center: <http://www.cincinnatichildrens.org/WorkArea/DownloadAsset.aspx?id=61520>
8. Achieving a State of Healthy Weight: 2012 Update. (2013, June). Retrieved November 2014, from National Resource Center for Health and Safety in Child Care and Early Education: <http://nrckids.org/default/assets/File/Products/ASHW/ASHW%202012%20Final%20Report%209-18-13%20reduced%20size.pdf>
9. Obesity Prevention in Early Care and Education Settings: Opportunities for Cuyahoga County. (2013, August). Retrieved from Case Western Reserve University School of Medicine: <http://urbanhealth.case.edu/wp-content/uploads/2013/09/obesity-whitepaper-brochure-sept-2013.pdf>
10. Addressing Childhood Obesity: A Priority for Ohio's Business Community. (2010). Retrieved September 22, 2014, from Healthy Choices for Healthy Children: www.healthychoiceshealthychildren.org/index.php/resources
11. Cuyahoga County Early Care & Education: Early Childhood Data Brief. (2014, March). Retrieved January 6, 2015, from Case Western Reserve University: http://povertycenter.case.edu/wp-content/uploads/2014/08/2014June_Childcare_FINAL.pdf
12. Position of the American Dietetic Association on Promoting and Supporting Breastfeeding. (2009). *Journal of the American Dietetic Association*, 1926-1939.
13. Breastfeeding. (2013). Retrieved September 22, 2014, from Ohio Department of Health: http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/data%20statistics/maternal%20and%20child%20health/wih_breastfeeding.ashx
14. The Burden of Obesity. Retrieved September 23, 2014, from Invest on Children: <http://investinchildren.cuyahogacounty.us/en-US/publications.aspx>
15. Eidelman, A., & Schanler, R. (2012). Breastfeeding and the Use of Human Milk. *PEDIATRICS*, e827-e837.
16. Morssink, C., & Muhammad, N. (2014, June). First Food, Good Food. Retrieved September 23, 2014, from Common Market: https://www.dropbox.com/s/uou7td3j8ad6ial/FFGF_FullReport.pdf#
17. Breastfeeding and Early Care and Education. (2013, July 29). Retrieved October 24, 2014, from Center for Disease Control and Prevention: <http://www.cdc.gov/features/Breastfeeding/index.html>
18. Eiden, R., Kong, K., Sharma, N., Wen, X., & Xie, C. (2014). Sociodemographic Differences and Infant Dietary Patterns. *PEDIATRICS*, e1387-e1398.
19. Switching to Solid Foods. (2014, July 9). Retrieved August 20, 2014, from Healthy Children from the American Academy of Pediatrics: <http://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Switching-To-Solid-Foods.aspx>

20. Hayes, D. Size-Wise Nutrition for Toddlers. Retrieved October 2, 2014, from Kids Eat Right: <http://www.eatright.org/kids/article.aspx?id=6442459365>
21. Complementary Foods. In *Infant Nutrition and Feeding: A Guide for Use in the WIC and CSF Programs 2009*:123.
22. Dietary Guidelines for Americans. (2010). Retrieved August 5, 2014, from United States Department of Agriculture: <http://www.cnpp.usda.gov/DietaryGuidelines.htm>
23. Golley, R., Gundeep, S., Hendrie, G., & Lange, K. (2013). Change in the family food environment is associated with positive dietary change in children. *Int J Behav Nutr Phys Act*, 1-11.
24. 2014 Middle School Youth Risk Behavior Survey. (2014). Retrieved October 31, 2014, from Prevention Research Center for Healthy Neighborhoods: www.prchn.org
25. Satter, E. (2000). *Child of Mine: Feeding with Love and Good Sense*. Boulder, CO: Bull Publishing.
26. Healthy Eating for Preschoolers. (2012, October). Retrieved December 3, 2014, from U.S. Department of Agriculture Food and Nutrition Service: <http://www.choosemyplate.gov/preschoolers/HealthyEatingForPreschoolers-MiniPoster.pdf>
27. Nutrition Guide for Toddlers: Nutrition Through Variety. (2011, October). Retrieved December 3, 2014, from Kids Health from Nemours: http://kidshealth.org/parent/nutrition_center/healthy_eating/toddler_food.html?tracking=P_RelatedArticle#
28. Does Drinking Beverages with Added Sugar Increase the Risk of Overweight? (2006, September). Retrieved October 7, 2014, from Center for Disease Control and Prevention: http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/r2p_sweetend_beverages.pdf
29. Gortmaker, S., Ludwig, D., & Peterson, K. (2001). Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *The Lancet*, 505-508.
30. What is Farm to Preschool. Retrieved October 27, 2014, from Farm to Preschool: <http://farmtopreschool.org/whatisfarmtopreschool.html>
31. Healthy Food Access. Retrieved October 15, 2014, from United States Department of Agriculture: <http://www.usda.gov/documents/7-Healthyfoodaccess.pdf>
32. 2008 Physical Activity Guidelines for Americans. (2008, October). Retrieved August 5, 2014, from U.S. Department of Health and Human Services: www.health.gov/paguidelines
33. Physical Activity Guidelines for Americans Midcourse Review: Strategies to Increase Physical Activity Among Youth. (2012, December). Retrieved August 5, 2014, from U.S. Department of Health and Human Services: <http://www.health.gov/paguidelines/midcourse/pag-mid-course-report-final.pdf>
34. Music, Movement, and Play Connection: Guidelines for Childhood Play and Activity. Retrieved August 5, 2014, from National Food Service Management Institute: <http://www.nfsmi.org/documentlibraryfiles/PDF/20090827043617.pdf>
35. Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy. (2010). Retrieved August 2014, from Nemours Health and Prevention Services: <http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/paguide2010.pdf>
36. Active Start: A Statement of Physical Activity Guidelines for Children From Birth to Age 5, 2nd Edition. (2009). Retrieved November 20, 2014, from National Association for Sport and Physical Education: www.naspeinfo.org
37. Global Recommendations on Physical Activity for Health. (2010). Retrieved August 1, 2014, from World Health Organization: http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf
38. Arena, K., Aslam, R., Braverman, P., & Egarter, S. (2014, August). Early Childhood Experiences Shape Health and Well-Being Throughout Life. Retrieved November 20, 2014, from Robert Wood Johnson Foundation: <http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/08/early-childhood-experiences-shape-health-and-well-being-througho.html>
39. Birch, L., Fisher, J., & Savage, J. (2007;35(1): 22-34). Parental Influence on Eating Behavior: Conception to Adolescence. *J Law Med Ethics*.