

ODH Health and Wellness Programs, Data and Resources

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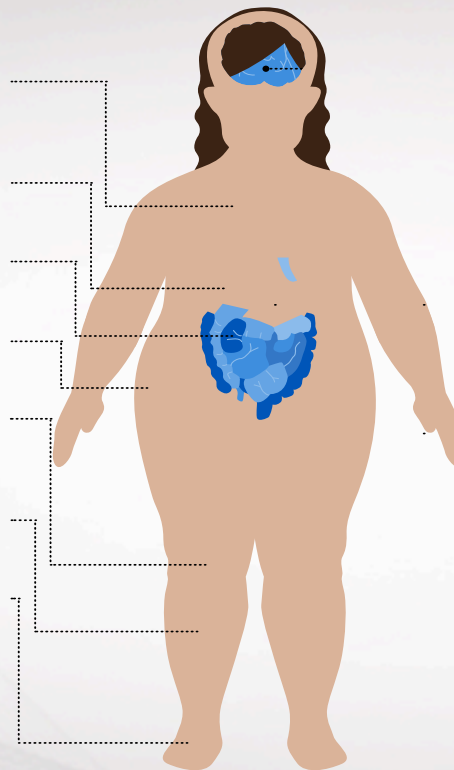


Early Childhood Health Program

- Maternal, Child and Family Health Bureau at the Ohio Department of Health.
- Encompasses:
 - Early Childhood Obesity Prevention Program (ECOPP).
 - BMI surveillance.
 - Ohio Healthy Programs.
 - Parenting at Mealtime and Playtime.
 - Farm to ECE.
 - Health and safety program.

Complications of Childhood Obesity

Children entering kindergarten with excess weight are four times more likely to become obese by the eighth grade.



2016 Obesity Prevalence

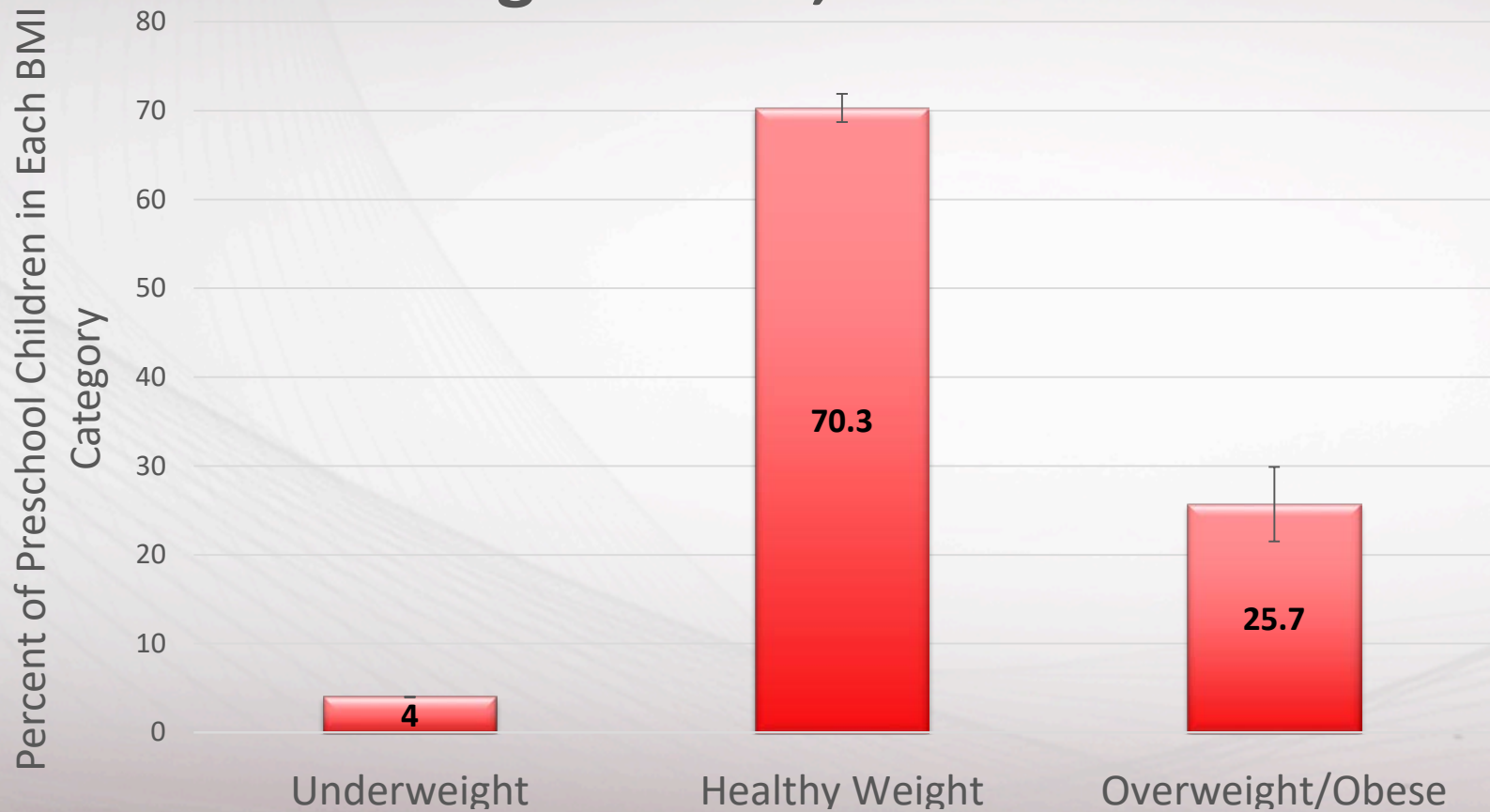
The prevalence of obesity among:

Preschool-aged children (2 to 5 years) = **13.9%**

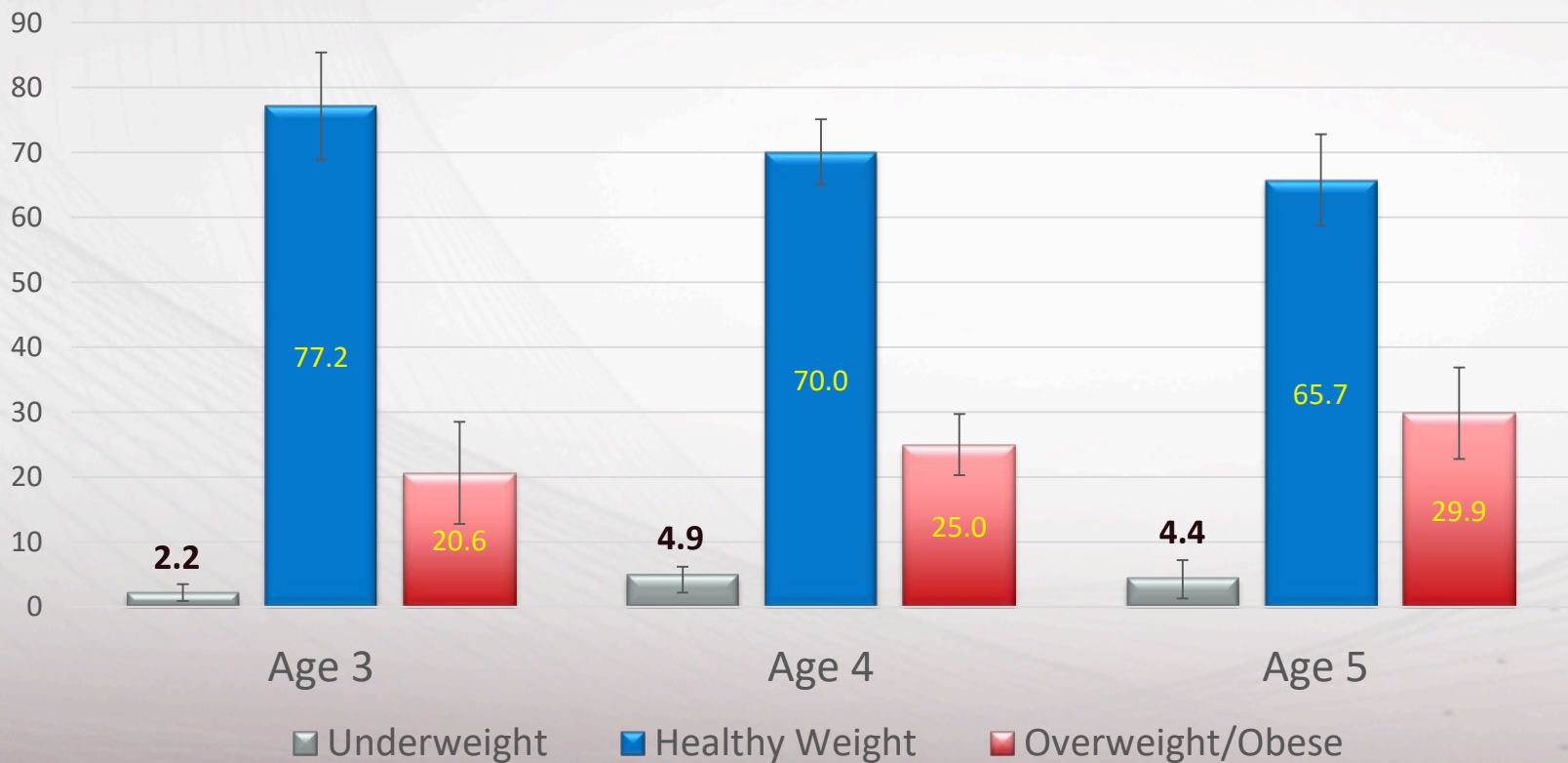
School-aged children (6 to 11 years) = **18.4%**

Adolescents (12 to 19 years) = **20.6%**

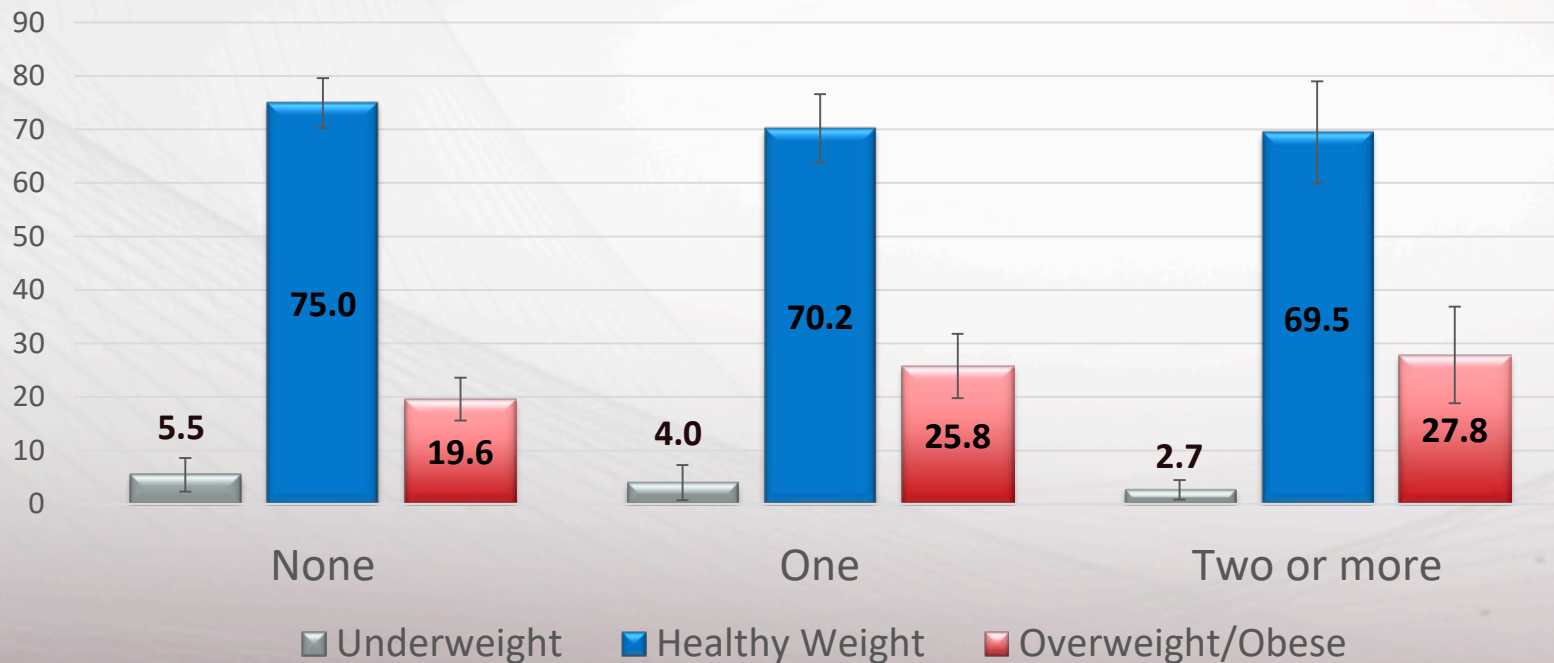
Ohio BMI of Preschool Children ages 3 to 5, 2017



Ohio BMI of Preschool children ages 3 to 5

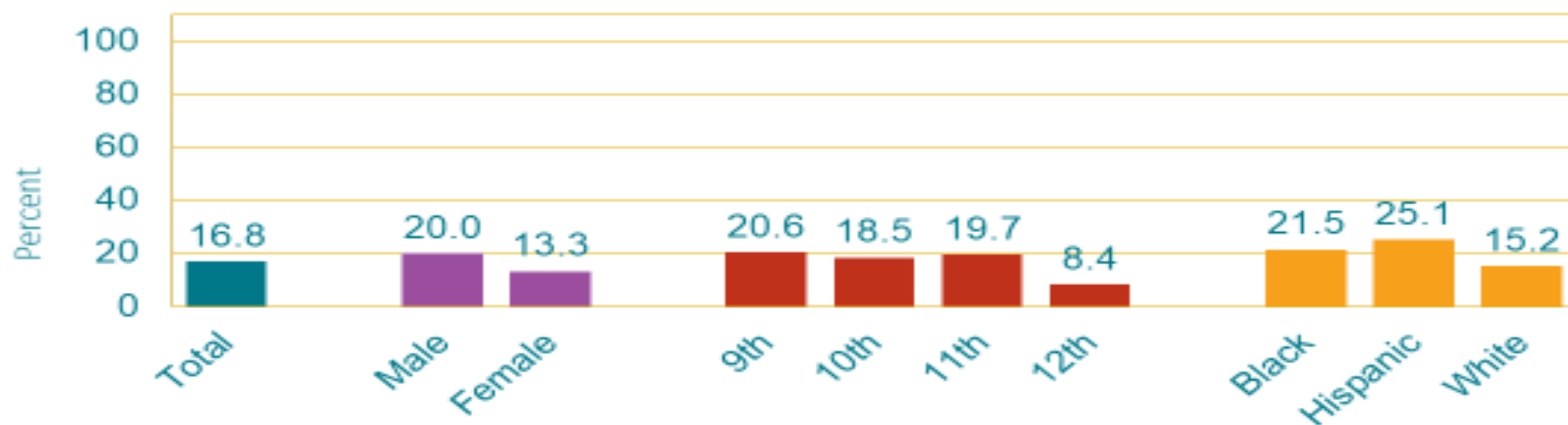


Ohio BMI of Preschool Children ages 3 to 5 by Number of Daily Sugar Sweetened Beverages



Percentage of High School Students Who Had Obesity,* 2019

* \geq 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 Centers for Disease Control and Prevention growth charts. In 2017, new, slightly different ranges were used to calculate biologically implausible responses to height and weight questions.

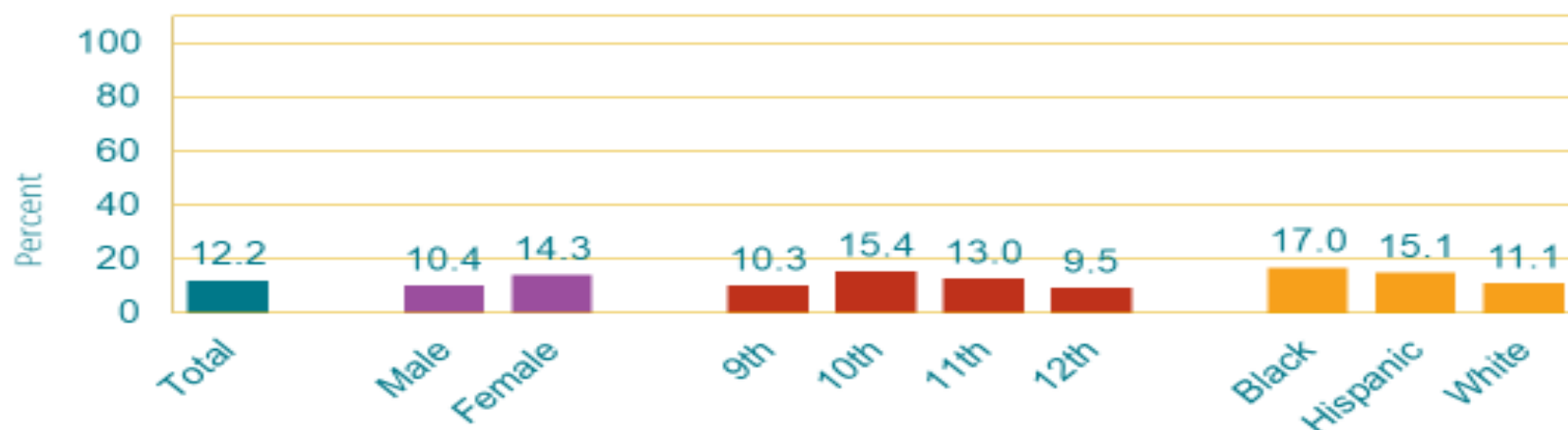


For this behavior, based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$), the prevalence increased from 1999 (10.4%) to 2019 (16.8%).

Ohio - YRBS, 2019

Percentage of High School Students Who Were Overweight, 2019

* \geq 85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 Centers for Disease Control and Prevention growth charts. In 2017, new, slightly different ranges were used to calculate biologically implausible responses to height and weight questions.



For this behavior, based on quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$), the prevalence increased from 1999 (12.0%) to 2011 (15.3%) and decreased from 2011 (15.3%) to 2019 (12.2%).

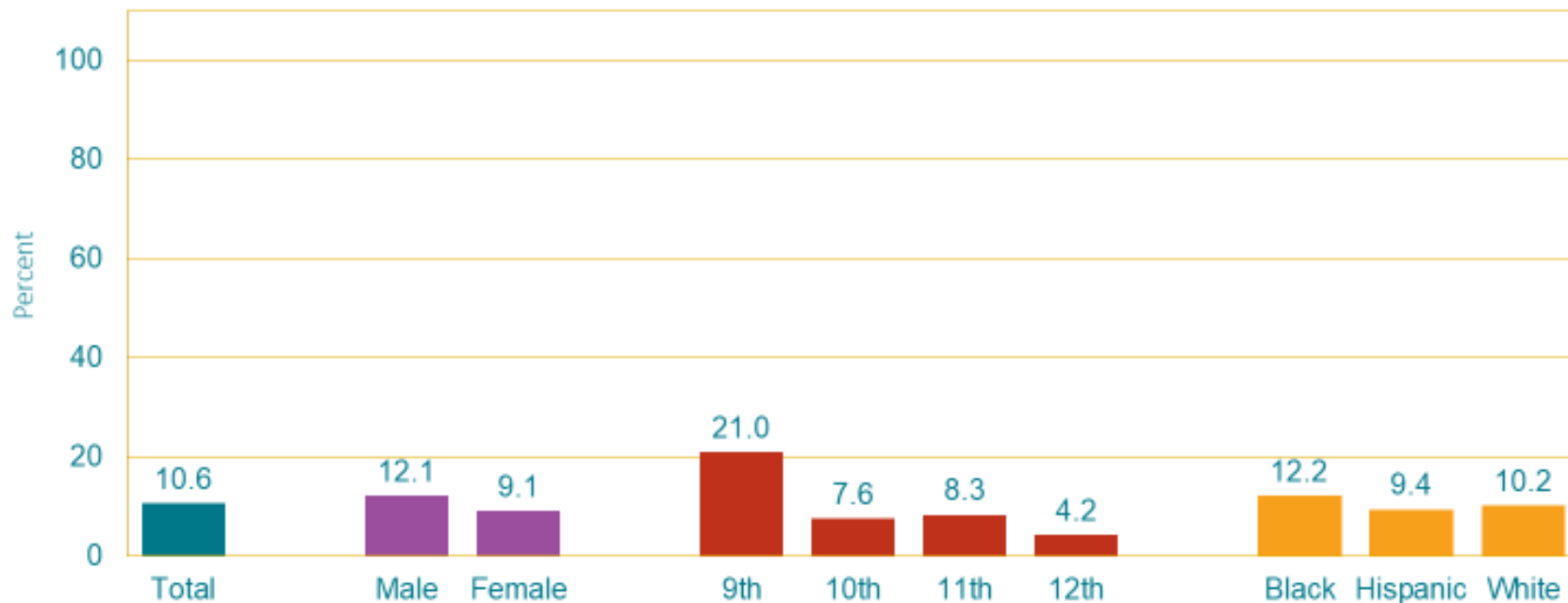
Ohio - YRBS, 2019

2019 Ohio High School Overweight and Obesity Rates

Male= 30.4%

Female= 27.6%

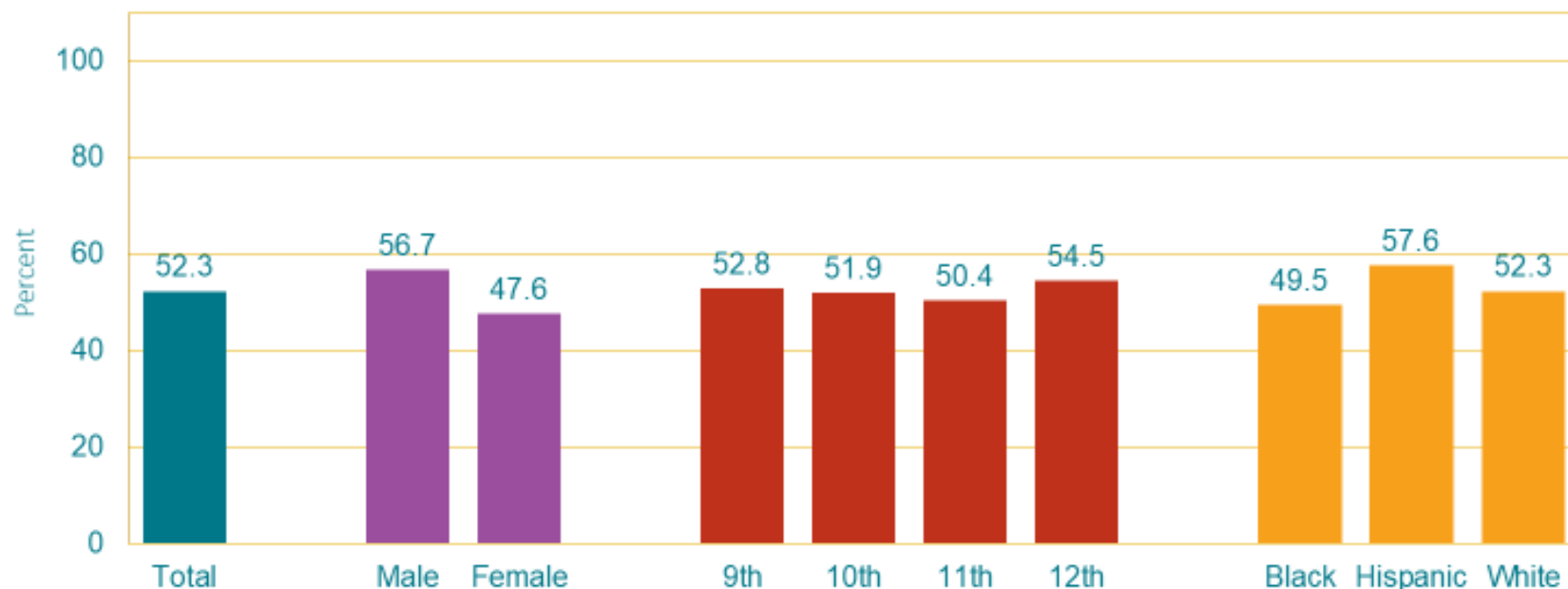
Percentage of High School Students Who Did Not Eat Fruit or Drink 100% Fruit Juices, During the 7 Days Before the Survey, **2019**



For this behavior, based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$), the prevalence did not change from 1999 (6.3%) to 2019 (10.6%).

Ohio - YRBS, 2019

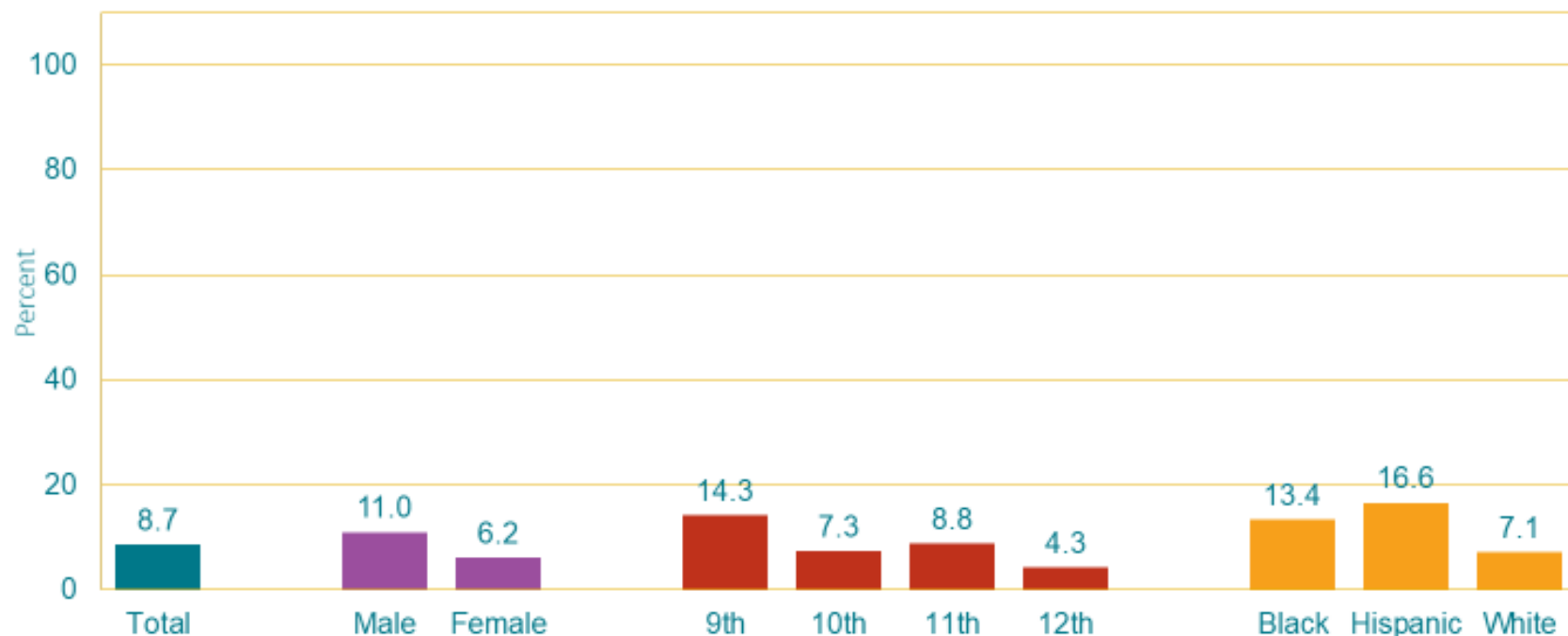
Percentage of High School Students Who Ate Fruit or Drank 100% Fruit Juices One or More Times Per Day, During the 7 Days Before the Survey, **2019**



For this behavior, based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$), the prevalence did not change from 1999 (57.4%) to 2019 (52.3%).

Ohio - YRBS, 2019

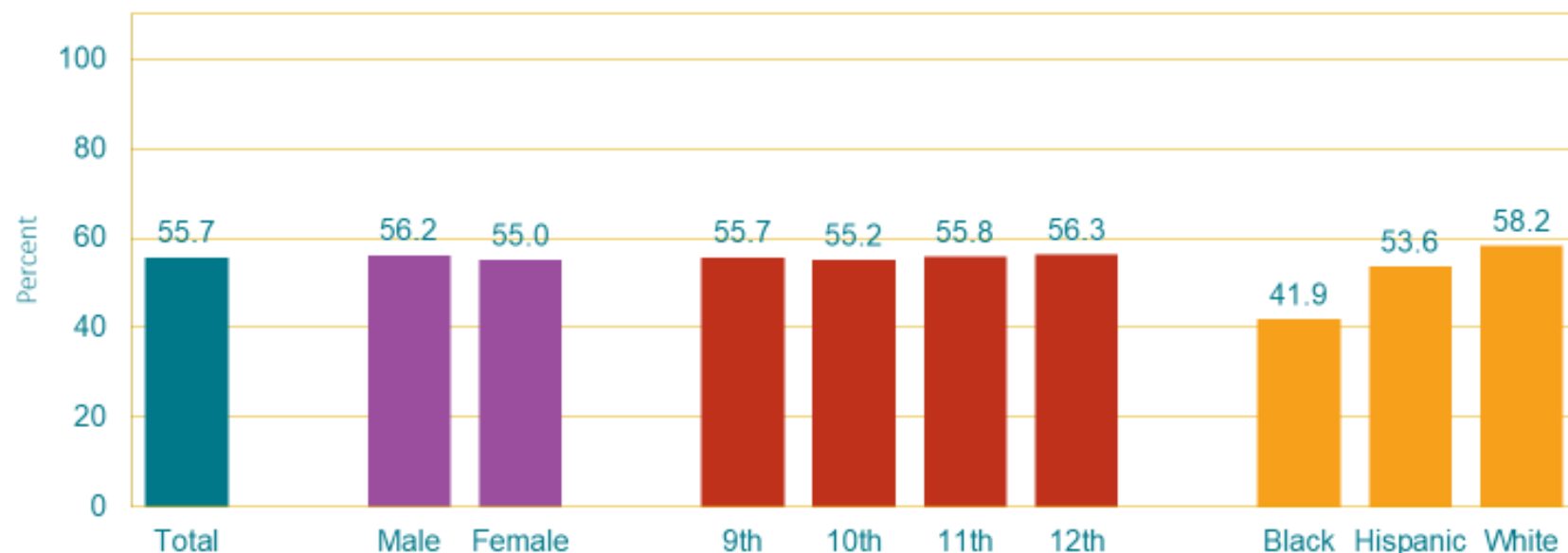
Percentage of High School Students Who Did Not Eat Vegetables During the 7 Days Before the Survey, **2019**



For this behavior, based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$), the prevalence did not change from 2007 (5.8%) to 2019 (8.7%).

Ohio - YRBS, 2019

Percentage of High School Students Who Ate Vegetables One or More Times Per Day, During the 7 Days Before the Survey, **2019**



For this behavior, based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$), the prevalence did not change from 2007 (58.8%) to 2019 (55.7%).

Ohio - YRBS, 2019



Five Reasons Why Early Childhood is the Critical Window

- 1 There is a newly recognized pattern emerging across the U.S. Children are gaining weight at younger ages than ever before.^{1,2}
- 2 Obesity prevention interventions focused on 2 to 7 year olds have been shown to be effective and have a lasting impact on children.^{3,4}
- 3 It is easier to impact the habits of 0 to 5 year olds than to change habits in adulthood.⁵
- 4 Preferences for food and levels of activity are set by the time children are 2 to 3 years old.⁶
- 5 Delayed action regarding obesity prevention can lead to skyrocketing costs and morbidity, while early intervention can lead to decreased health risks later.⁷

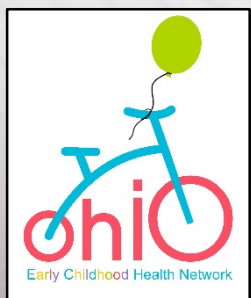
2014-2020: ECOPP Programs



Parenting at Mealtimes and Playtimes (PMP) for health care professionals caring for 0 to 5 year olds, conducted in collaboration with the Ohio Chapter, American Academy of Pediatrics (OAAP).



Ohio Healthy Programs (OHP) for early care and education (ECE) providers conducted in collaboration with the Ohio Child Care Resource and Referral Association (OCCRRA).

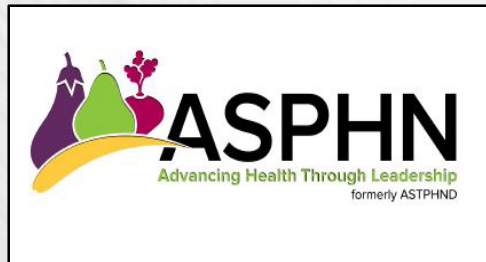


Ohio Early Childhood Health Network: 100+ members from 50 public and private agencies interested in improving health and wellness for 0 to 5 year olds in Ohio, supported by ODH and its affiliated organizations.

2015-2020: ECOPP Programs



OHP for Family Child Care Provider adapts OHP via live webinars and three onsite TA visits to meet the needs of this provider population in collaboration with Children's Hunger Alliance.



Pediatric Obesity Collaborative Improvement and Innovation Network (ColIN) includes members from multiple state agencies focused on ECE policy recommendations and Farm to ECE programs.

BMI Surveillance conducted statewide in 2017 to accurately assess the state of obesity in children aged 2 to 5 years.

Farm to ECE

Farm to ECE is a set of activities and initiatives that include the procurement and serving of local food in the ECE setting, growing edible gardens, and/or embedding food and agricultural literacy into the content of the ECE programming.

Resources

1. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/early-childhood-obesity-prevention-program/Ohio-Healthy-Programs>
2. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/school-nursing-program/school-nurse-resources/>
3. <https://www.ohioschoolbreakfastchallenge.com/>
4. <https://www.cdc.gov/healthyschools/npao/wellness>
5. <https://www.cdc.gov/obesity/data/childhood.html.htm>

Contact Information

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The Ohio Department of Health School Nurse Bulletin Board

The Ohio Department of Health (ODH) School Nursing Program's electronic School Nurse Bulletin Board is a method used to provide timely information to nurses working in schools across the state. This is a one-way means of communication from ODH to nurses — messages from the ODH School Nurse Bulletin Board are delivered to your email Inbox. In addition, the School Nurse Bulletin Board is considered by ODH to be a primary method to provide information to school nurses and school communities during emergency situations.

To register for the ODH School Nurse Bulletin Board:

- Go to:
<https://visitor.r20.constantcontact.com/d.jsp?llr=ktq9r97ab&p=oi&m=1130467508842&sit=tkymz5lmb&f=c3c8e93a-5f2d-4446-a3ea-60c79adda127>
- Select School Nurse Bulletin Board from the list (check the box) and submit. If you would like to receive ECE messages check that box too.
- You will receive a welcome email that asks if you are a school nurse. Please select “yes” and submit your response to this email. If you do not respond to this email, you will not receive the School Nurse Bulletin Board messages. (This step does not occur for the Early Childhood Health Bulletin Board.)
- You should now start receiving the School Nurse (and Early Childhood Health, if selected) Bulletin Board messages.