

**O**besity often starts in very young children. The adverse health outcomes of obesity can occur throughout a person’s lifetime—from childhood through adulthood. However, there is often little focus on very young children ages 0-5 years. In North Carolina, roughly 3 out of every 10 (28.5%) low-income young children ages 2-4 years are either overweight or obese.<sup>1</sup> These young children are at risk of developing health conditions and are at increased risk of becoming overweight or obese adults. Preventing obesity from occurring in early childhood is an opportunity to promote child health as well as to prevent obesity-associated health conditions from occurring throughout life. A focus on early childhood obesity prevention is a focus on child health and future population health.

The increasing prevalence of overweight and obesity within the American population has spurred national and state-level action to determine what can be done to address the epidemic. The NCIOM Early Childhood Obesity Prevention (ECOP) Task Force examined the collective work of other expert groups in order to develop a blueprint for action in North Carolina. The ECOP Task Force examined the existing expert recommendations to inform its development of practicable strategies that can be used and promoted by public and private stakeholders throughout the state. In essence, the work of the ECOP Task Force wraps the sound work of other experts groups into a single, comprehensive blueprint for North Carolina that is complete with strategies, and includes lead organizations and partners, needed funding and resources, and performance measures for evaluation. Strategies focus on the clinical, community and environment, and policy levels. What can health professionals do? What type of support do health professionals need to help young children reach and maintain a healthy weight? What can be done in communities and in child care settings where so many of North Carolina’s children spend part of their early childhood? What kinds of policies are needed to drive the types of changes essential to supporting healthy weight in this age group? These are the questions to which the ECOP Task Force provides strategic answers within its blueprint. The Tables at the end of this Chapter provide a summary of the different strategies discussed throughout the report (Tables 6.1, 6.2, 6.3). A complete list of the strategies can be found in Appendix C.

Progress in early childhood obesity prevention cannot be accomplished through one method, one policy, one funder, or any one type of intervention—and it can certainly not be done alone. The ECOP Task Force’s blueprint builds on resources and partners already dedicated to improving child health, and it depends heavily on those settings where very young children can best be reached. While the greatest gain would come from the implementation of multiple strategies, the implementation of any one singular strategy would result in benefits to North Carolina’s young children. This blueprint is an invitation to any stakeholder



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interested in the health and well-being of young children to work collectively to address this critical problem. There is a role for everyone to play in ensuring a healthy start for our youngest children.

**Table 6.1**  
**Clinical Strategies**

STRATEGY	Funding	Funders	Childcare	Health Prof.	Other
Clinical Strategy 1: Increase and enhance the education of health professionals while in training (pre-service) or in residency programs.	\$250,000 annually	North Carolina funders		Academic and community-based health professionals and health departments	AHEC
Clinical Strategy 2: Expand education for practicing health professionals, which could be met through enhanced continuing education opportunities	\$260,000 in one-time funding	North Carolina and national funders		CCNC, NCPS, NCAFP, NCOGS, NCCNP, NCAPA, NCA-ACNM, NCDA, NCHA, NCDPH, PQCNC, lactation consultants	AHEC, NCFHP, payers/insurers, EHR vendors such as Epic and Allscripts
Clinical Strategy 3: Ensure adherence of insurers/payers to the Affordable Care Act requirements for coverage of the prevention, diagnosis, and treatment of obesity (and as outlined in the American Academy of Pediatrics' Bright Futures guidelines)	\$125,000 in one-time funding	North Carolina funders			NCPP
Clinical Strategy 4: Convene a group to identify and catalog core statewide and local services, resources, and supports for health professionals to refer families and children for additional support or intervention to enhance clinical recommendations				NCALHD	

Area Health Education Centers (AHEC), Community Care North Carolina (CCNC), North Carolina Affiliate of American College of Nurse Midwives (NCA-ACNM), North Carolina Association of Family Physicians (NCAFP), North Carolina Association of Local Health Directors (NCALHD), North Carolina Council of Nurse Practitioners (NCCNP), North Carolina Dietetic Association (NCDA), North Carolina Division of Public Health (NCDPH), North Carolina Foundation for Advanced Health Programs (NCFHP), North Carolina Hospitals Association (NCHA), North Carolina Obstetrical and Gynecological Society (NCOGS), North Carolina Prevention Partners (NCPP), North Carolina Pediatric Society (NCPS), Perinatal Quality Collaborative of North Carolina (PQCNC)

**Table 6.2**  
**Community and Environment Strategies**

STRATEGY	Funding	Funders	Childcare	Health Prof.	Other
<b>Community/Environment Strategy 1: Expand the use of evidence-based and evidence-informed strategies for physical activity and nutrition in pilot child care centers</b>	Additional funding is encouraged	BCBSNCF, other interested funders	NCPC, SSP, NC DCDEE, ECAC, NC CCHCA, NC CCR&R, Head Start, child care programs	NCDPH, CGBI, NCCHW, local health departments working on the Community Transformation Grant effort	HPDP, NCDPI, NLI, Be Active Kids, State Board of Education, North Carolina funders convergence, faith community
<b>Community/Environment Strategy 2: Provide pre-service and in-service education for child care providers on evidence-based and evidence-informed strategies for physical activity and nutrition</b>	2a and 2b: \$50,000 in one-time funding 2c: \$20,000 in one-time funding	North Carolina or national funders	NC DCDEE; NC CCHSRC, NAEYC	NCCHW	NCICDP, NCDPI, ESMM, JWU representatives from colleges, universities, and community colleges
<b>Community/Environment Strategy 3: Cross train all child care consultants and other support personnel on evidence-based and evidence-informed strategies for physical activity and nutrition</b>	\$125,000 in one-time funding; additional funding is encouraged	North Carolina and national funders	NC CCHSRC, NCICDP, NC DCDEE, NCPC, NC CCHCA, NC CCR&R	CACFP of NCDPH; NSB, WCHS, and EHS of NC DHHS	NCCE, NLI
<b>Community/Environment Strategy 4: Increase the focus of Eat Smart, Move More North Carolina on young children and their families</b>	\$100,000 in one-time funding	North Carolina and national funders	NCPC, NC CCR&R		ESMM, NCRPA, NAACP, NCCIA, NCAIHB, NCCE, Head Start Body Start, El Pueblo, faith community
<b>Community/Environment Strategy 5: Form an ECOP Communications Committee to develop a communications campaign to support policy and behavior change to reduce early childhood obesity</b>	Additional funding is encouraged			NCIOM	

Blue Cross Blue Shield of North Carolina Foundation (BCBSNCF), Child and Adult Care Food Program (CACFP), Carolina Global Breastfeeding Initiative (CGBI), Early Childhood Advisory Council (ECAC), Environmental Health Section (EHS), Eat Smart Move More North Carolina (ESMM), Johnson and Wales University (JWU), National Association for the Advancement of Colored People (NAACP), North Carolina American Indian Health Board (NCAIHB), North Carolina Child Care Health Consultants Association (NC CCHCA), North Carolina Child Care Resource and Referral Council (NC CCR&R), North Carolina Child Care Health and Safety Resource Center (NC CCHSRC), North Carolina Cooperative Extension (NCCE), North Carolina Center for Health and Wellness at UNC Asheville (NCCHW), North Carolina Commission on Indian Affairs (NCCIA), North Carolina Division of Child Development and Early Education (NC DCDEE), North Carolina Department of Health and Humans Services (NC DHHS), North Carolina Division of Public Health (NCDPH), North Carolina Department of Public Instruction (NCDPI), North Carolina Institute for Child Development Professionals (NCICDP), North Carolina Institute of Medicine (NCIOM), North Carolina Partnership for Children (NCPC), North Carolina Prevention Partners (NCPP), North Carolina Recreation and Parks Association (NCRPA), Natural Learning Initiative at NC State University (NLI), Nutrition Services Branch (NSB), Smart Start Partnerships (SSP), Women and Children’s Health Section (WCHS)

**Table 6.3**  
**Policy Strategies**

STRATEGY	Funding	Funders	Childcare	Health Prof.	Other
<b>Policy Strategy 1: Create a voluntary recognition program for child care programs and early education programs that meet enhanced physical activity and nutrition standards</b>	Additional funding encouraged	North Carolina and national public and/or private funders	NC DCDEE, NCPC, NC CCR&R, NC CCHSRC	CACFP of NCDPH, CGBI	
<b>Policy Strategy 2: Enhance family education about early childhood healthy weight and obesity prevention strategies through existing maternal, infant, and early childhood home visiting and family strengthening programs</b>			NCPC	CCNC, NCDPH	
<b>Policy Strategy 3: Create a voluntary recognition program for child care programs and early education programs that meet enhanced physical activity and nutrition standards</b>	Additional funding encouraged			NCDPH	NC Department of Commerce, NCDENR, NCDOT, NCDA&CS, NCHFA, and other agencies
<b>Policy Strategy 4: Improve the collection and reporting of physical activity and nutrition data in multiple settings to more fully promote healthy weight among young children</b>	\$15,000 in one-time funding	North Carolina and national funders	NCPC, NC DCDEE	CACFP of NCDPH, NC SCHS	
<b>Policy Strategy 5: Improve the collection of body mass index (BMI) data for young children and make the information available to policymakers, health professionals, and the public to evaluate existing programmatic and policy initiatives and to inform future ones</b>	Additional funding encouraged	North Carolina and national funders, Race to the Top Early Learning Challenge		CCNC, NCDPH	NCDPI
<b>Policy Strategy 6: Promote breastfeeding for all North Carolina infants</b>				DMA, CCN, CGBI, NCHA, NCPS, NCAFP, NCCNP, NCAPA, NCA-ACNM, NCOGS	

Child and Adult Care Food Program (CACFP), Community Care Network, Inc. (CCN), Community Care North Carolina (CCNC), Carolina Global Breastfeeding Initiative (CGBI), North Carolina Division of Medical Assistance (DMA), North Carolina Affiliate of American College of Nurse Midwives (NCA-ACNM), North Carolina Association of Family Physicians (NCAFP), North Carolina Academy of Physician Assistants (NCAPA), North Carolina Child Care Resource and Referral Council (NC CCR&R), North Carolina Child Care Health and Safety Resource Center (NC CCHSRC), North Carolina Council of Nurse Practitioners (NCCNP), North Carolina Department of Agriculture and Consumer Services (NCDA&CS), North Carolina Division of Child Development and Early Education (NC DCDEE), North Carolina Department of Environment and Natural Resources (NCDENR), North Carolina Department of Transportation (NCDOT), North Carolina Division of Public Health (NCDPH), North Carolina Department of Public Instruction (NCDPI), North Carolina Hospitals Association (NCHA), North Carolina Housing Finance Agency (NCHFA), North Carolina Obstetrical and Gynecological Society (NCOGS), North Carolina Partnership for Children (NCPC), North Carolina Pediatrics Society (NCPS), North Carolina State Center for Health Statistics (NC SCHS)

### References

1. Centers for Disease Control and Prevention. Overweight and obesity. US Department of Health and Human Services website. <http://www.cdc.gov/obesity/index.html>. Updated December 21, 2012. Accessed April 5, 2013.

