

Strategic Planning Map for Early Childhood Healthy Eating in Cuyahoga County

Local Conditions: Why Here?

1a. Young children and families live in healthy-food deserts and junk food swamps .

- Lower income neighborhoods have 30% more convenience stores than middle income neighborhoods (Treuhaft and Karpyn, 2010).

1b. Healthy foods are not affordable in all neighborhoods.

- People experiencing poverty pay up to 22% more for the same food than their more affluent peers (Talukdar, 2008).

2. Those who care for young children are not connected to healthy food resources and education.

- Teachers feel empowered to shape children’s diets, but were uncertain about how to address the hunger needs of students from homes with limited food resources (Lumeng, 2008).

3a. Organizations that support healthy foods do not create programs that are appealing to all cultures and/or communities.

- Residents in food deserts often choose not to shop at a nearby grocery store due to a perceived lack of quality or cultural appropriateness (Shannon, 2014).

3b. Communities do not have gardens or do not encourage young children to participate in gardens.

- Gardens in school or community settings have been identified as the most successful intervention that addresses nutritional knowledge, attitudes, and behaviors and can be used as a tool to address obesity and chronic disease in low income area. (Smith et al, 2013).

Root Causes: Why?

1. Healthy foods are not available where young children live

- In Cuyahoga County, 1 in 4 people live in areas lacking access to healthy food. (Cuyahoga County Community Health Improvement Plan, 2015)

2. Adults who care for young children lack knowledge, skills and attitudes for serving healthy foods.

- Low disposable income, limited access to good-quality /affordable food, and minimal cooking facilities and skill are barriers to low income families(Wrieden et al, 2007).

3. Community norms surrounding young children are not supportive of healthy eating.

- Consumption of fruits and vegetables are a result of social and cultural norms with food being identified as a marker of social class (Guthman, 2004 and Johnston, 2007).

The Problem

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

Data Supporting the Problem

- In Cleveland, 10.9% of high school students report eating no vegetables daily, with the U.S. average being only 6.6% (YRBS Cle, 2013)
- In the 2015 YRBS survey, 15% of high schoolers reported going hungry within the previous 30 days because there was not enough food at home, and 70.5% reported eating fast food within the previous seven days (2015 Cuyahoga County YRBS, 2015).
- Young children develop their preferences for food during early childhood, making it a crucial period to build healthy eating habits for life (ODH, 2016).

What If?

- Children living below the poverty threshold have 120% higher odds of being overweight or obese than children from higher income households.

- In the U.S., the obesity rate of preschool-aged children has more than doubled from 5 to 12.4 % in the last 30 years (Hedley et al.2004).

- Unlike national obesity trends, Ohio is not seeing a decline in obesity among children 2 to 5 years olds (ODH, 2016).

- In the 2015 YRBS survey, 15% of high schoolers reported going hungry within the previous 30 days because there was not enough food at home, and 70.5% reported eating fast food within the previous seven days (2015 Cuyahoga County YRBS, 2015).

- It is thought that childhood obesity has a relationship with long-term hypertension, type 2 diabetes, and dyslipidemia diagnoses (McCrindle, 2015)

How Do We Know?

Early Ages Healthy Stages Coalition will utilize the following evidence base and intervention research to promote strategies to increase healthy eating opportunities for young children in Cuyahoga County:

1. Child care settings are considered a powerful infrastructure for the implementation of obesity related programs due to 70% enrollment of US preschool-aged children in daily child care and children consuming 50-100% of their recommended dietary allowances in those settings (Natale et al., 2014).

2. Children receiving nutritional supplementation and nutrition and development interventions from a young age have been shown to have better development than control populations (Batura et al, 2014).

3. Fruit and vegetable consumption is positively associated with farmers’ market shopping (Jilcott-Pitts et al., 2015).

4. Community gardening has been shown to have multiple health benefits for communities, including increased FFV consumption, fostering healthy living, and an increased willingness to try fruits and vegetables (Fournet, 2014).

5. Role modeling curriculum that has been prepared for parent-teacher interaction that stresses the importance of nutritional gatekeepers and provides the tools for both parents and teachers to create nutritional changes and healthier lifestyles has been shown to have a positive health effects on their children as compared to control groups (Natale et al., 2014).

What We Will Do

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

1. Facilitate and evaluate partnerships between 3 food security initiatives and 10 early care and education providers throughout Cuyahoga County.

- Hold community forums with local partners and ECE providers to promote opportunities for partnership.
- Establish contracts between initiatives and providers.
- Develop evaluation measures that are consistent among all programs.

2. Collaborate with community partners to provide tools, technical assistance, and family educational materials to 5 early care and education providers to connect to Farm to ECE Initiatives.

- Develop mini-grant criteria /RFP. Eligible activities could include: taste tests, field trips to farm or farmers’ market, cooking demo, culinary training for staff or families, or curriculum and sustainability of initiative.
- Release mini-grant for response by ECE providers and disseminate awards.
- Evaluate program pre-grant, post-grant, and sustainably.

3. Build partnerships with local gardening initiatives to provide tools, technical assistance, and family educational materials to 5 early care and education 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.

Context

Current Scope

Consequences

Intervention