


NORTH DAKOTA
DEPARTMENT *of* HEALTH

Benefits of Consistent Messaging for Pediatric Obesity In North Dakota

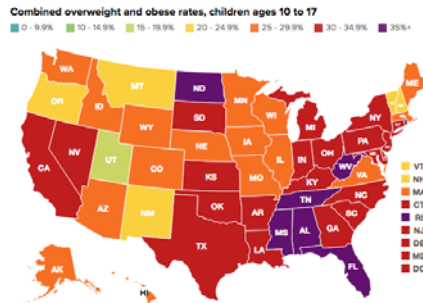
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Objectives

- Understand the current rates of obesity in young children in North Dakota.
- Describe an overview of the Colorado Department of Public Health & Environment's consistent messaging project: *9 Ways to Grow Healthy Colorado Kids*.
- List two reasons consistent messaging could strengthen efforts around Maternal and Child Health in North Dakota.



North Dakota 2nd highest 10-17 year old obesity rate in the country (37.1%)



North Dakota: 15th/51 States for Obese Adults-31.9% in 2016

Adult Obesity Rate by State, 2016

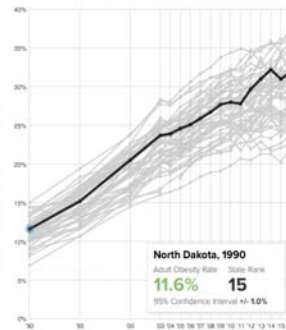
Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Percent of obese adults (Body Mass Index of 30+)

Legend: 0 - 9.9%, 10 - 14.9%, 15 - 19.9%, 20 - 24.9%, 25 - 29.9%, 30 - 34.9%, 35%+



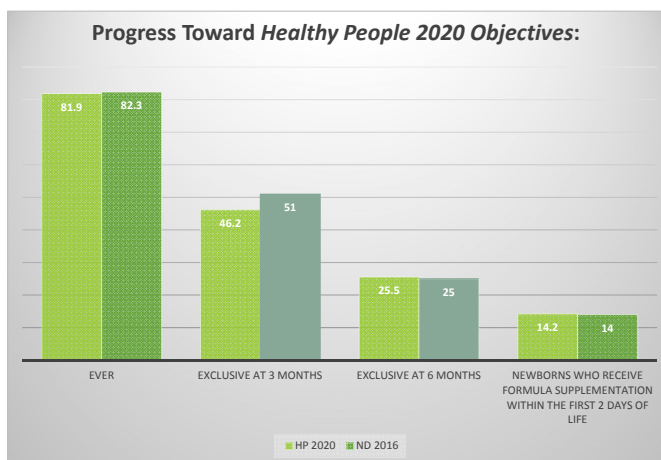
Adult obesity rates, 1990 to 2016



Pediatric Obesity:
Why is it
Happening in
North Dakota?



North Dakota Breastfeeding: Initiation and Duration

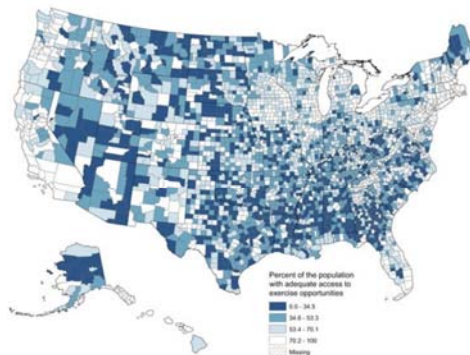


Dietary Guidelines for Americans: Current Intakes



Obesity: Why is it Happening in North Dakota?

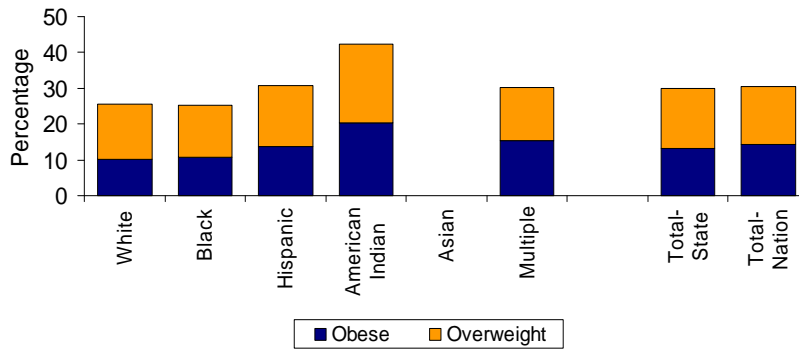
Access to Parks and/or Recreation Facilities



Source: Development of a Nationally Representative Built Environment Measure of Access to Exercise Opportunities, Preventing Chronic Disease, Vol 12211



Prevalence of obesity and overweight* among children aged 2 to <5 years, by race and ethnicity



* Obese: \geq 95th percentile BMI-for-age; overweight: \geq 85th- $<$ 95th percentile BMI-for-age, CDC Growth Charts, 2000. 15% of children are expected to fall above the 85th percentile (5% above the 95th percentile and 10% between the 85th and 95th percentiles).

2011 ND PedNSS Table 8C



Obesity in North Dakota: Why Does it Matter??

Diabetes:

- 8.6% North Dakotan Adults (42/51 states)
- 58,887 cases in 2010- estimating 79,617 cases in 2030



Obesity in North Dakota: Why Does it Matter??

Hypertension:

- 30.4 % North Dakotans (30/51 states)
- 145,630 cases in 2010, estimating 170,467 in 2030

Heart Disease:

- 46,993 cases in 2010, estimating 190,739 cases 2030

Arthritis:

- 141,984 cases in 2010, estimating 110,099 cases in 2030

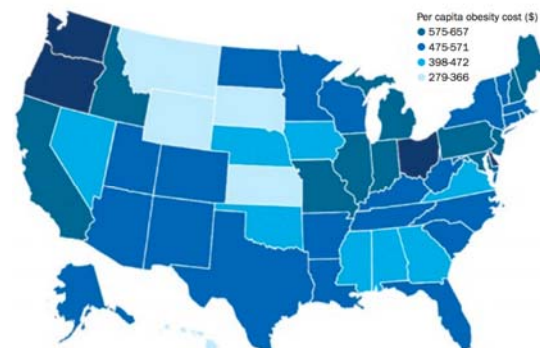
Obesity-Related Cancer:

- 11,572 cases in 2010, estimating 26,762 cases in 2030



Obesity in North Dakota: Why does it Matter??

Per Capita Obesity-Related Healthcare Expenditures, 2013



Source: Wang YC, Pamplin J, Long MN, Ward, ZJ, Gortmaker SL, and Andreyeva T. 2015. Severe obesity in adults cost state Medicaid programs nearly \$8 billion in 2013. *Health Affairs*, 2015;34(11):1923-1931.



Why Focus Prenatal to Age 5?

- 90 percent of brain development occurs
- Physical activity and healthy eating habits formed early in life track into adulthood
- 5 times more likely to be overweight/obese as an adult



The Pediatric Obesity Mini CoLIN*



What Are We Trying to Do?

Enact policies and practices that support healthy weight behaviors in early care and education (ECE) systems by December 2017.

Why?

To increase the proportion of children ages 2 to 5 years who fall within a healthy weight range.



Who?

Arkansas, California, Indiana, Iowa, Kentucky, Louisiana, Missouri, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania and Wisconsin

State Highlights

The North Dakota team developed Nutrition and Physical Activity Companion Guides to Early Learning Guidelines.

- "If Best Practice Guide to **Active Play for Early Childhood**" offers practical ways to encourage children, ages 2 to 5 years old, to engage in more physical activities. The guide is available at <http://ndchildcare.org/providers/physical.html>
- "If Best Practice Guide to **Healthy Eating for Early Childhood**" offers practical ways to promote healthy foods and eating experiences. The guide is available at <http://ndchildcare.org/providers/nutrition.html>.

The OMa team assessed techniques for recruiting larger, "harder to reach" ECEs to participate in HEAL trainings. Ultimately, identifying tools that could be used at the state level for future recruitments.

Collaborating Organizations



*CoLIN: Collaborative Implementation & Innovation Network
 The 2017 Pediatric Obesity Mini CoLIN is made possible by Cooperative Agreement Number 1U49CE001871-02-02 from the Centers for Disease Control and Prevention (CDC)



9 Ways to Grow Healthy Colorado Kids

Identified problem:


- Families receive messages from a variety of sources

Goals/Purpose:

- Unite health advocates to all Speak with One Voice
- **Messages complement messaging currently used (Let's Go 5.2.1.0.)**
- Ensure pregnant women and families with infants and children hear consistent messages in multiple settings

➤ **Aligned with Colorado Department of Health and Environment Strategies**


- **Maternal and Child Health- Life Course Approach****



9 Ways to Grow Healthy Colorado Kids

Together we can make a bigger impact- Speaking with One Voice

Risk Factors	Protective Factor
High pre-pregnancy BMI	Breastfeeding
Too little/Too much gestational weight gain	
Unresponsive Feeding Practices	
Consumption of Sugar-Sweetened beverages	
Poor diet and lack of exercise	
Short sleep duration	
Too much screen time	



Message Creation

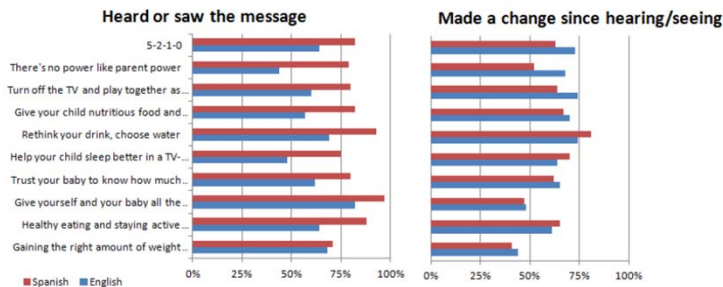
- Engaged Stakeholders **
- Drafted first set of messages
- Focus group tested
 - rural/urban
 - eligible to participate in WIC
 - Spanish materials**
- Revised messages based on focus group feedback
- Disseminated messages

<https://www.youtube.com/watch?v=3XRKjsi-Y0k&feature=youtu.be>



Evaluation:

- Purpose: Evaluate campaign's effectiveness- Did messages impact knowledge and change behavior



Conversation Questions

- What do you think about this idea?
- Do you see this helping support your role as a Pediatrician?
- If yes, what do you currently use for health messaging?
- What would be barriers to implementation in your office?



References

- Slide 8: North Dakota Birth Certificate Data
- Slide 8: North Dakota Newborn Screening Data
- Slide 8: Centers for Disease Control and Prevention. Breastfeeding: data and statistics. Available at: <http://www.cdc.gov/breastfeeding/data/>
- Slide 9: What We Eat in America, NHANES 2007-2010 for average intakes by age-sex group. Healthy U.S.-Style Food Patterns, which vary based on age, sex, and activity level, for recommended intakes and limits. Retrieved from: <https://health.gov/dietaryguidelines/2015/guidelines/chapter-2/current-eating-patterns-in-the-united-states/>
- Slide 11: 2011 ND PedNSS Data
- Slide 20: Colorado Department of Public Health & Environment. 9 Ways to Grow Healthy Colorado Kids, 2017 Messaging Awareness Survey Results.

