*Childhood obesity is a widespread epidemic impacting the 12 million children who spend time in early care and education (ECE) settings.[[1]](#endnote-1) Over a quarter (27 percent) of children aged 2-5 years are overweight or obese.[[2]](#endnote-2) Evidence-based research supports the need to provide healthy nutrition and physical activity environments for children at young ages.[[3]](#endnote-3) These data demonstrate that ECE settings provide an optimal place of intervention for obesity prevention efforts and the promotion of healthy lifestyles for young children.*

*Nemours is one of the nation’s leading child health organizations, offering pediatric clinical care, research, education, advocacy, and prevention programs in the communities it serves and nationwide. Launched September 30, 2012, the National Early Care and Education Learning Collaboratives (ECELC) Project is a CDC-funded effort, implemented by Nemours and partners. The project supports early care and education (ECE) providers to improve the quality of care they provide to young children with respect to nutrition, physical activity, screen time and breastfeeding support, using a learning collaborative method.*

**Objective**

***This project aims*** ***to spread impactful, sustainable policy and practice improvements in ECE programs to prevent childhood obesity***. Nemours partners with key stakeholders at the local, state and national levels to develop and bring a learning collaborative model to achieve critical outcomes centered on (1) increasing the number of programs meeting the *Let’s Move!* Child Care (LMCC) best practices and *Preventing Childhood Obesity, 2nd edition* standards, included in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd edition*; and (2) increasing the proportion of young children attending programs that meet those criteria.

**Funding**

The Centers for Disease Control and Prevention is providing funding for this cooperative agreement *(Cooperative Agreement #1U58DP004102)* with Prevention and Public Health funds. The project period is 5 years (2012-2017); first year funding totaled $4.2 million, second and third year funding was approximately $3.7 million per year.

**Implementation: How it Works**

Nemours trains partner-identified Project Coordinators and Trainers on how to lead Learning Collaboratives. Trainers direct ***Learning Collaboratives in the states, and support ECE providers in implementing positive policy and program changes in nutrition, physical activity, screen time, and breastfeeding support in ECE settings***. Each Learning Collaborative will consist of:

* 5 in-person, structured Learning Sessions, with 3 representatives (e.g. directors, food service personnel, staff, parent partner, etc.) attending from each participating ECE program;
* Action period tasks and action planning for ECE program representatives to conduct with all staff back at their program;
* Ongoing technical assistance and coaching for participating ECE programs;
* Access to tools, materials, resources and curricula based on LMCC and the *Preventing Childhood Obesity, 2nd Edition* standards.

**Impact**

In year one, Nemours launched 27 Learning Collaboratives across 6 states, (Arizona, Florida, Indiana, Kansas, Missouri, and New Jersey) impacting obesity prevention efforts in nearly 500 ECE programs, serving over 52,000 children. In year two, Nemours added 9 Learning Collaboratives across 3 additional states (California (Los Angeles); Kentucky, and Virginia) serving over 230 programs and an additional 22,000 children. 7 out of 10 National ECELC programs also participate in Child and Adult Care Food Program (CACFP) serving children most in need. By the third year of the ECELC, Nemours added an additional 29 Learning Collaboratives across these nine states. Nemours continues to explore the potential for spreading the ECELC model to new states and communities.

Nemours and its partners provide targeted support to Learning Collaboratives and participating ECE programs, and encourage integration of best practices and standards within state ECE systems to promote additional spread and sustainability.

***For more information, e-mail Julie Shuell, Nemours, at*** ***julie.shuell@nemours.org******.***

1. National Association of Child Care Resource and Referral Agencies. Retrieved March 8, 2010 from http://highqualitychildcare.org/Naccrra\_main/alert-description.html?alert\_id=15204232. [↑](#endnote-ref-1)
2. As measured by Body Mass Index (BMI) of equal to or greater than the 85th percentile for age. Ogden, CL, Carroll, MD, Flegal, KM. Prevalence of Obesity Among US Children and Adolescents. JAMA 2012; 307 (5): [↑](#endnote-ref-2)
3. Committee on Obesity Prevention Policies for Young Children, Institute of Medicine. "Front Matter." Early Childhood Obesity Prevention Policies. Washington, DC: The National Academies Press, 2011. [↑](#endnote-ref-3)