

# Learning Collaboratives Help Early Care and Education Programs in Contra Costa County, California Address Childhood Obesity



**What is the ECELC?** The National Early Care and Education Learning Collaboratives (ECELC) Project, led by Nemours Children’s Health System and funded by the Centers for Disease Control and Prevention, promotes healthy environments, policies, and practices in early care and education (ECE) settings to address childhood obesity. Participating child care, Head Start, Early Head Start, and pre-kindergarten programs serving children ages birth to five years in nine states work to improve policies and practices related to healthy eating, physical activity, screen time, and breastfeeding support.

**What happened in Contra Costa County?** In 2015, the David and Lucile Packard Foundation funded an expansion of the ECELC project in Contra Costa County, California. Contra Costa Child Care Council (CoCo Kids) served as Nemours’ Local Implementing Partner (SIP) which also hired a Project Coordinator (PC) to facilitate and manage the project locally. Contra Costa recruited two groups of ECE centers to participate in a 6-month program improvement effort. A total of 43 ECE programs joined the collaboratives, a peer learning experience to support changes in program practices, environment and policies. The Project Coordinator and Trainers were not new to the Contra Costa ECE community, which allowed them to work with the providers more purposefully since relationships were already established.

**How did it work?** Each ECE program selected a Leadership Team of two to three members (e.g., program directors, teachers, cooks) which participated in the collaborative with other ECE programs. Leadership Team members participated in five, in-person sessions held approximately four to six weeks apart and returned to their programs to spearhead health improvements with their staff. An Action Period followed each session, during which Leadership Teams trained their program staff to complete tasks (e.g., self-assessments, training parents and peers, and creating Action Plans) and began making improvements in their respective programs. During Action Periods, programs also received in-person and remote Technical Assistance (TA) from Trainers on the tasks, as well as specific topics (i.e., family-style dining, infant physical activity, or breastfeeding support).

**What were the incentives?** Participating ECE programs received a total of \$1000, dispersed in two payments. In addition, the General Mills Foundation (GM) supported the ECELC project by providing another \$1000 grant for each participating programs to support their action plans. Other incentives included access to free resources and toolkits, on-site assistance by child-health/development experts, and the opportunity to network with other ECE professionals.

## What made Contra Costa unique?

Contra Costa County, while similar to the ECELC project was different in many ways.

- The entire collaborative consisted of one county which allowed for stronger networking opportunities among staff.
- Programs received two financial incentives. The additional incentive was viewed favorably by the participants because they had additional funds to spend to support their Action Plans.
- Qualitative interviews were conducted with nine participating programs at the completion of the project.

## Contra Costa County, CA At-A-Glance

- April 2015-December 2015
- Local Implementing Partner: Contra Costa Child Care Council
- 2 groups of early care and education providers (collaboratives)
- 43 ECE Programs served~3,000 children
- Programs participated in 5 Learning Sessions
- 3 Trainers supported ECE programs
- On average, participating ECE programs received 4 hours of individualized Technical Assistance

*“This has been such a great project and I can already see the teachers excited about the changes we’ve made so far. I can’t wait to see what a difference the big changes make.” – Sprouts Infant and Toddler Care*

**What were the results?** Forty-three ECE programs completed the entire project and received an average of four hours of individualized Technical Assistance from Trainers. The majority of these TA interactions focused on outdoor play and learning, while the rest of TA focused on infant and child physical activity, screen time, child nutrition, and breastfeeding and infant feeding. Programs chose what topics to work on based on their self-assessment results.

To measure changes in implementation of best practices, programs completed the Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) at the beginning and end of the project. Analysis found statistically significant increases in the percent of best practices being met by participating ECE programs, and changes in number of best practices met across age groups served and topic areas.

Results from Go NAP SACC indicate that:

- ECE programs who served toddlers and preschoolers showed the most change. These programs demonstrated an increase in best practices met after participating in the project in three areas: Child Nutrition, Infant and Child Physical Activity and Outdoor Play and Learning.
- Four age groups demonstrated significant improvements in numbers of best practices being met.

To obtain further information about changes made in their program and the impact of the training, tools and resources had on change, nine participating programs participated in qualitative interviews. These interviews were used to gather information about program challenges and successes, engagement of staff and families, changes made and views on technical assistance received.

Common themes that emerged from the interviews indicate:

- Staff members were inspired to make positive changes in their own nutrition and physical activity behaviors when they made changes in their classroom as a result of the project.
- The ages of children served in a classroom heavily influenced the decisions about what equipment to purchase and what activities to implement classroom.
- Children were more inclined to participate in healthy behavior changes when the staff members were actively engaged.
- Families were more actively engaged when staff shared information about the project and shared information and resources with them.

### What's next?

By meeting more obesity prevention best practices, ECE center-based programs provide a healthier environment that will hopefully lead to healthier children. These significant improvements suggest that participation in the ECELC may lead to important changes to policies and practices in ECE programs with regard to Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time. Continual funding from the Packard Foundation will allow Contra Costa Child Care Council to implement another round of collaboratives. In January 2016, two new learning collaboratives with family child care providers were launched with results to be available at the beginning of 2017. Using lessons learned from the previous year, efforts to spread and scale the model throughout the county will continue with center and family based child care.

**For additional information on the ECELC project in Contra Costa, please contact:**

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