

# Using the Spectrum of Opportunities to Support Childhood Obesity Prevention In Early Care & Education Settings

A Series of Case Studies



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# National Early Care and Education Learning Collaboratives (ECELC) Integration of Childhood Obesity Prevention into State/Local ECE Systems

## Executive Summary and Overview as of July 2017

### National ECELC

Launched fall 2012, the National Early Care and Education Learning Collaborative (ECELC) is a six-year, Centers for Disease Control and Prevention (CDC)-funded effort, implemented by Nemours and partners. ECELC was designed to prevent childhood obesity through the spread of impactful, sustainable policy and practice improvements in the early care and education (ECE) setting with respect to healthy eating, physical activity, breastfeeding and screen time (HEPA).

The ECELC project partners with organizations in states and communities to 1) provide an intensive ‘learning collaborative’ obesity prevention intervention to groups of center and home-based ECE providers (child care, Head Start, pre-kindergarten), and 2) better integrate national obesity prevention standards<sup>1</sup> and implementation support for these standards into components of state and local ECE systems.

As of July 2017, eight states (Alabama, Arizona, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey) and four communities (North/Central Florida, South Florida, Los Angeles County California, Contra Costa County California) have participated in the National ECELC. The intervention<sup>1</sup> typically consists of five in-person learning sessions spread over a 10-month period, ongoing technical assistance for participating ECE providers, and access to tools, materials and resources.

***Childhood obesity is a national epidemic and obesity prevention is an increasing focus for states supporting the healthy development of young children. Studies have shown that in the United States, approximately 23% of children ages 2 to 5 years old are overweight or obese.***

Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA. 2014;311(8):806-814.

### Integrating Obesity Prevention into ECE Systems Using CDC’s Framework

Through this project, partners worked intentionally to understand the extent to which support for standards has been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC’s ‘Spectrum of Opportunities for Obesity Prevention in the ECE Setting’ as a framework to identify gaps and opportunities for further integration and, working with broad internal stakeholder groups, select and pursue integration action steps. Integration efforts spread awareness of standards and build upon the main objectives of ECELC—increase number of ECE programs meeting standards, and increase the proportion of young children in programs that meet these standards.

Many factors influence how and when integration of best practice support into ECE systems can be achieved. This case study series explores some of



Figure 1: CDC Spectrum of Opportunities.

the integration opportunities pursued by each state/community, the outcomes of these efforts, and factors that may have hindered or enhanced their success. The uniqueness of each state or local ECE system (e.g., licensing, Quality Rating and Improvement Systems (QRIS), stakeholder groups) is described as an important contextual factor for integration activities.

## Development and Purpose of State Case Studies

In fall 2016, Nemours gathered information from its ECELC partners, reviewed monthly progress and integration plans, and compiled case studies describing each partner's integration efforts. Reports for several states/communities and reports by Spectrum area were completed in July 2017 and posted on [www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org).<sup>2</sup> These case studies provide real-life examples of how partners have leveraged initiatives (i.e. ECELC), funding, stakeholder engagement, and other factors to integrate HEPA practices/activities into ECE systems. The reports discuss how federal funding streams/initiatives (e.g., CACFP, Child Care Development Fund, State Public Health Actions—1305) are leveraged in a variety of ways *alongside* state or local resources to achieve integration activities across the Spectrum. Case studies serve multiple purposes: reflection, information sharing, and planning.

**Reflection.** Development of case study reports provided an opportunity for National ECELC partners to reflect on their pathway, progress, key challenges and lessons learned. This also allowed reflection on what was accomplished, how it was achieved and who was involved. All partners continue their integration activities and case studies will be updated as needed.

**Information sharing.** Case study reports provide valuable information at multiple levels. In the participating state or community, the case study may be a communication tool for partners' information sharing with stakeholders. For other participating ECELC states or communities, they provide an opportunity to learn about the impact driven by participation in the National ECELC project. For stakeholders in non-ECELC states and communities, the case studies are an opportunity to learn how others have integrated HEPA into ECE systems.

**Planning.** For National ECELC partners, their case study reports may help to serve as a planning tool for continued improvement and momentum. By reflecting on challenges and lessons learned, partners can celebrate the successes while focusing on filling gaps and continuing to integrate ECE obesity prevention efforts. For states and communities that have not participated in ECELC but are working on childhood obesity prevention via state or local ECE systems, case study reports provide a roadmap for possible change. Case study reports from those that have traveled a similar journey will help others consider a systems perspective for integration from the beginning.

The ECELC case study series explores some of the integration opportunities pursued by each state and community, the outcomes of these efforts, and factors that may have hindered or enhanced their success. Integration activities are characterized by their primary focus within the Spectrum of Opportunities. This summary report describes information learned, reflections, and recommendations from across the case studies.

## Summary of Obesity Prevention Integration Activities Across States and Communities

Over the course of their participation in the National ECELC project, partners pursued integration activities across the Spectrum of Opportunities. Certain areas have risen to the top among partners' work. In particular, pre-service and professional development, licensing and administrative regulations, and QRIS. Many partners' activities touched multiple areas of the Spectrum of Opportunities despite being characterized under one primary area. The most prominent areas for each state or community are highlighted in their report.

The following summarizes partner activities within each area of the Spectrum of Opportunities. Additional detail about each area is available in the *Spectrum of Opportunities State Integration Highlights* reports, available at [www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org).

## Pre-Service and Professional Development

Pre-service and Professional Development was the area of the Spectrum of Opportunities most frequently leveraged by partners participating in the National ECELC. Eight out of ten used Pre-service and Professional development to integrate HEPA activities. Partners in Arizona and Kentucky created *online modules aligned to HEPA standards*, and in Kentucky technical assistance packages accompany those modules and enhance trainers' ability to support ECE programs to make changes. Other partners created *new trainings* to meet needs identified by ECE providers or stakeholders. For example, an infant/toddler feeding training was developed in Indiana, and parent trainings in Los Angeles.

The *development of toolkits* was another commonly used strategy to help large numbers of ECE providers make and sustain HEPA changes. In Los Angeles partners developed a Breastfeeding Friendly Child Care Toolkit, and Indiana partners created a Family Engagement Toolkit which is now an online module for ECE providers. Similarly, the partner in New Jersey developed *Policy Packets and Kits* to help give ECE providers the tools and language needed to make HEPA changes in their programs. In Virginia, *'supply kits'* were provided to technical assistance providers to share with ECE providers to encourage them to focus on HEPA changes.

Many partners that focused on Pre-service and Professional Development as an integration strategy strived to *ensure that continuing education units (CEUs) and licensing clock hours/in-service hours were available for ECE providers* participating in the learning collaboratives and in new and existing HEPA trainings.

## Licensing and Administrative Regulations

Five partners focused on Licensing and Administrative Regulations as a primary integration strategy. In Kentucky, Los Angeles, CA, Missouri, and New Jersey this centered on *promoting the inclusion of HEPA standards in licensing regulations*. In each of the states, the effort is ongoing; it is a lengthy administrative process to update licensing regulations. Arizona has a highly visible HEPA initiative (Empower) in place tied to state licensing regulations and the *National ECELC was co-branded* to align with the program as Empower PLUS+. The partner in Arizona leverages licensing and QRIS support and *aligns training and data collection* for a coordinated strategy to support the achievement of HEPA practices in ECE settings. In California, stakeholders *built upon legislation that requires new licensed providers participating in Preventive Health and Safety Practices (PHSP) Training to receive a 1-hour training on child nutrition*. Partners aligned curricula and existing training with the new child nutrition training to ensure providers are up-to-date with current information.

## Quality Rating and Improvement Systems (QRIS)

Five partners in Indiana, Kansas, Los Angeles, CA, New Jersey and South Florida, focused on QRIS as a primary integration strategy. Partners in these states have *engaged with stakeholders—public and private—to leverage the reach and potential of QRIS to weave HEPA topics into broader quality improvement strategies*. Four of the five partners that focused on QRIS did so from the perspective of *integrating HEPA standards into QRIS, either through the launch of a new QRIS or revisions to an existing QRIS*. In New Jersey, the partner successfully *included a HEPA-focused self-assessment (Let's Move! Child Care) in the state's QRIS*. In three of these states, South Florida, Kansas, and New Jersey—as well as Virginia<sup>3</sup>—the partner made efforts to *train QRIS technical assistants* to enhance their ability to assist ECE programs in their efforts to achieve HEPA best practice standards.

## Emerging Opportunities

Emerging opportunities do not fit neatly into any one area of the Spectrum and are often unique. Partners in Arizona, Indiana, North/Central Florida and South Florida are pursuing emerging opportunities for integration. In South Florida, stakeholders partnered with Help Me Grow<sup>4</sup> and YMCA of South Florida to further *integrate obesity prevention into existing systems and to promote consistent obesity prevention messages* to ECE programs and families across South Florida. In North/Central Florida and Indiana, partners collaborated with Head Start grantees to successfully *modify the National ECELC approach to meet the specific needs of Head Start programs*. The approach in Arizona focused extensively on the partner leveraging multiple avenues to elevate obesity prevention across the state system—from the state level to ECE provider-level change.



## Child and Adult Care Food Program (CACFP)

Partners in Missouri and Virginia are using CACFP as a primary integration strategy. In Missouri, the state's existing CACFP recognition program *Eat Smart* and *MOve Smart*, was aligned to the National ECELC around *messaging and supports*. *Eat Smart*, in particular, focuses on supporting ECE programs to meet nutrition standards, including CACFP for those meeting more advanced standards. The National ECELC project helped *to add bandwidth through learning collaboratives to provide technical assistance to help ECE programs implement best practice nutrition standards and receive recognition*.

The partner in Virginia is similarly focused on *expanding the bandwidth of technical assistance, and in particular state CACFP and Infant Toddler Specialists, to assist ECE providers in their efforts to meet or exceed HEPA standards*. Stakeholders in Virginia held a *CACFP Summit* that resulted in the formation of workgroups to address barriers to ECE provider enrollment in CACFP and how these barriers can be overcome so that more eligible providers will participate.

## Technical Assistance

Two partners (in Kansas and Virginia) focused on Technical Assistance as a primary integration activity.<sup>5</sup> The partner in Kansas *collaborated with stakeholders to enhance the collective capacity* to increase healthy lifestyles in ECE. They supported a stakeholder initiative by *providing technical assistance for ECE programs to complete HEPA assessments and plan for change*. In Virginia, HEPA is incorporated into a variety of technical assistance supports. Technical assistance strategies accompanied implementation of a CDC-funded Go NAP SACC pilot, a “Rev Your Bev” campaign to engage children 0-5 in healthy lifestyles, as well as implementation of a breastfeeding friendly child care environments initiative.

## Family Engagement

The partner in Kentucky was the only one that had integration activities that fell primarily in the Family Engagement area of the Spectrum. In Kentucky, there is an active 5-2-1-0 campaign to educate families on healthy, active living for young children. With 1305 funds, the state partner *developed a train the trainer course for ECE credentialed trainers to support their ability to deliver a 2-hour 5-2-1-0 training to ECE providers and families*. A similar online training on how to use 5-2-1-0 with parents was also developed.

Although the partner in Kentucky was the only to focus on Family Engagement as a primary integration strategy, others implemented changes that included family engagement but might have had a more prominent focus in a different area of the Spectrum. For example, the state partner in Indiana developed a self-assessment tool for ECE programs, *Indiana Early Childhood Family Engagement Toolkit* to help programs understand their current level of engagement and how they can improve practices and policies to engage families. The tool was initially implemented as part of the National ECELC project and was integrated into each learning session to bridge HEPA topics with family engagement strategies.

## Exploring Challenges and Lessons Learned

When looking across states it becomes apparent that the challenges and lessons partners experience while working toward integration activities are quite similar and fall into the following categories:

### Pace

Partners find that changes to the ECE system—most notably QRIS and licensing regulations—take significant time. The pace of change is slow due to administrative processes, changing priorities, staff turnover or other factors that cause delays in finalizing and implementing revised systems.

### Navigating funding streams

Funding can be a barrier to change, and partners experience this from multiple perspectives. There is no dedicated funding stream for HEPA program improvement in ECE. Often partners have to seek grant funding to support integration activities or fight for public funds for HEPA versus other program improvement areas. Other funding-related challenges include having to weave together multiple funding sources to support integration activities, balancing the uncertainty of state budgets and the longevity of funded projects. Partners also depend on funding to maintain momentum and struggle to enhance existing initiatives with static funding.

## Creating change within voluntary systems

As it relates to QRIS or other voluntary statewide initiatives (e.g., Arizona's Empower program) partners have had to consider the depth of impact within voluntary systems. In some states, the QRIS reaches only a small number of ECE providers. In other states, exemptions to licensing requirements mean many ECE providers operate outside the regulatory system. With a focus on encouraging implementation of best practice HEPA standards across all ECE settings, some partners have had to balance that expectation with what is feasible within the existing systems.

## Coordination among multiple partners or stakeholders

In many states multiple projects, initiatives, stakeholder groups, or public and private entities touch the ECE system and childhood obesity prevention. Creating shared goals and a coordinated path forward is a challenge for some partners, and particularly those that did not have an active ECELC stakeholder group or other group of key individuals already with buy-in and focused on creating an aligned strategy.

## Staff and leadership turnover

When staff who were deeply involved in a particular effort left their position there were periods of having to restart collaborations or reconfirm priorities and paths forward. This also proved true with turnover at the state leadership level. Changes in administration and the political climate within a state may translate into changes in statewide priorities or funding allocations.

## Technical assistance resources

Many of the integration efforts focus on *Spectrum of Opportunities* areas where technical assistance resources are available. For example, partners may access information about state licensing regulations and language for HEPA standards. They are also able to get ideas of how to build and integrate HEPA areas into QRIS. At the same time, there are few resources available on building new technical assistance networks or strategies to train existing networks not already knowledgeable on HEPA.

## Course correction

As partners work toward integration activities, it is not uncommon to change course. A variety of factors (e.g., stakeholder buy-in, leadership priorities, staffing, funding) impact the degree to which partners were able to maintain course on particular strategies. Maintaining flexibility and adaptability have proven important factors for successfully integrating HEPA into state systems. Similarly, many partners targeted 'easy wins' alongside bigger, more challenging changes. This allowed them to celebrate successes while simultaneously navigating the course to more significant (and often time-consuming and more resource driven) changes to the ECE system.

## Reflections and Recommendations

When considering the factors that contributed to partners' success integrating HEPA activities into ECE systems, a few themes emerged. The partners themselves agree that these are the roadblocks encountered and paths forward. The following recommendations lay out suggested steps for consideration on the journey to fully integrate HEPA best practices into ECE systems.

### **Recommendation 1: Establish a system to become aware of new or unexplored funding opportunities and have an ability to respond to opportunities when they arise.**

Successful partners had an ability to respond to external opportunities when they presented themselves. This is particularly evident related to funding, whether to expand the reach of provider level initiatives (e.g., North/Central Florida leveraging 1305 fund collaboratives in an underserved region), launch new programs (e.g., South Florida's Early Childhood Education Structured Physical Activity (ECESPA) project), campaigns (e.g. Kentucky's 5-2-1-0) or training. Continuously re-scan the environment to determine if there are new or unexplored opportunities.

**Recommendation 2: Maintain flexibility with integration pathways and understand priorities, timing, and potential roadblocks.**

The timing of external opportunities played an important role in partners' ability to create change. In states or communities where certain systems-level changes were already in process, for instance revisions to QRIS or licensing regulations, partners took advantage of the opportunity to weave HEPA into existing change efforts. Given the complexity and time required to update QRIS standards and/or licensing regulations, leaders can only make significant headway when there is already momentum towards revision. This was also true when certain strategies (e.g. licensing) may have been politically sensitive and a non-starter in certain political climates.

**Recommendation 3: Be strategic about convening and using a stakeholder group and maintaining relationships with key individuals and organizations.**

Convening and using a stakeholder group—whether tapping into an existing group or forming a new one—can serve important purposes, including enhancing buy-in, understanding stakeholders' priorities, aligning efforts, highlighting potential roadblocks, and identifying cross-sector opportunities for integration. Convene a stakeholder group and maintain strong relationships outside of the stakeholder group. Given at times slow pace of change and turnover in staff positions, it is possible for integration planning to hit roadblocks. Focus on relationship building because work may not sustain if and when key individuals or change-leaders leave an organization.

**Recommendation 4: Manage planning, expectations of stakeholders, and communication with providers with respect to the pace of change.**

The at-times slow pace of change, particularly related to QRIS and licensing regulations, proved challenging for partners. To the extent possible, manage expectations with stakeholders and providers about the pace of change, and plan accordingly for delays in development or implementation of updated systems. Acknowledge with stakeholders that many integration activities are ongoing and take time. Stakeholders should remain advocates for change throughout the process, and in particular, when there are changes in leadership or staff that may require a 're-start' on aspects of integration pathways. In other cases, it might be necessary need to wait for the right timing, buy-in, or funding to address particular integration activities. Be aware of those factors from the beginning and plan accordingly.

**Recommendation 5: Determine from the onset where change takes place and put the appropriate resources and people in place to support the effort.**

When planning integration activities, determine which stakeholder(s) is in the best position to lead the work. The type of organization may help or hinder integration activities. For example, in some cases a state agency may be the best fit given administrative oversight of key systems, whereas in other instances a private stakeholder may be better suited to advocate for change needed within a state agency. This ties back to the importance of having a dedicated stakeholder group that can identify the best champion(s) for integration activities and having the right people/agencies at the table to support change. Regardless of where changes is taking place within the system, have a person focused on policy change and navigating the 'pre-work' to ensure proper procedures and timelines are followed.

## **Looking Ahead—A Continued Focus on Integration**

By using the case studies to understand and learn from the unique journey of states and communities in the National ECELC project, others interested in implementing the National ECELC model or a similar initiative can establish an integration pathway from the onset. Case studies share real-life examples of integration activities. While state infrastructure, stakeholders, funding, priorities, and context differ from state to state, themes emerging from case studies help to paint a picture of how to successfully integrate HEPA into systems. Case studies showcase that variety and highlight the pathways partners traveled as they worked to integrate HEPA into their ECE systems.

Integration activities are evolving and ongoing, and thus, the National ECELC case study reports will be updated in the future to reflect new ideas, activities, and accomplishments. There is opportunity for continued learning and improvements in system building for National ECELC partners as they reflect on their own journey and the journeys of their peers.



## National ECELC

Launched fall 2012, the National Early Care and Education Learning Collaborative (ECELC) is a six-year, Centers for Disease Control and Prevention (CDC)-funded effort, implemented by Nemours and partners. ECELC was designed to spread impactful, sustainable policy and practice improvements in the early care and education (ECE) setting with respect to nutrition, breastfeeding support, physical activity, and screen time in order to prevent childhood obesity.

The ECELC project partners with organizations in states and communities to 1) provide an intensive ‘learning collaboratives’ obesity prevention intervention to groups of center and home-based ECE providers (child care, Head Start, pre-kindergarten), and 2) better integrate national obesity prevention standards<sup>1</sup> and implementation support for these standards into components of state and local ECE systems.

As of July 2017, 8 states (Alabama, Arizona, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey) and 4 communities (North/Central Florida, South Florida, Los Angeles County California, Contra Costa County California) have participated in the National ECELC. The intervention<sup>6</sup> typically consists of 5 in-person learning sessions spread over a 10-month period, ongoing technical assistance for participating ECE providers, and access to tools, materials and resources.

***Childhood obesity is a national epidemic and obesity prevention is an increasing focus for states supporting the healthy development of young children. Studies have shown that in the United States, approximately 23% of children ages 2 to 5 years old are overweight or obese.***

Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA. 2014;311(8):806-814.

## Integrating Obesity Prevention into State ECE System Components Using CDC’s Framework

Through this project, partners worked intentionally to understand the extent to which support for standards has been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC’s ‘Spectrum of Opportunities for Obesity Prevention in the ECE Setting’ as a framework to identify gaps and opportunities for further integration and, working with broad internal stakeholder groups, select and pursue integration action steps. Integration efforts spread awareness of standards and build upon the main objectives of ECELC—increase number of programs meeting these standards, and increase the proportion of young children in programs that meet these standards.

Many factors influence how and when integration of best practice support into ECE system can be achieved. Standards and implementation support for these standards can be successfully integrated into the various components of an ECE system. This case study series explores the integration opportunities pursued by each state, the outcomes of these efforts, and factors that may have hindered or enhanced their success. The uniqueness of each state or local ECE system (e.g., licensing, Quality Rating and Improvement Systems (QRIS), stakeholder groups) is described as an important factor for integration success.

## CDC Spectrum of Opportunities

CDC’s *Spectrum of Opportunities* framework (Figure 1; the Spectrum) identifies several ways that states, and to some extent communities, can support ECE programs in their abilities to achieve recommended standards and best practices for obesity prevention.<sup>7</sup> Many states implement a coordinated approach to integration, drawing from multiple opportunities to reach providers. The avenues chosen by states and communities for integration efforts may depend on resources, costs, partnerships, stakeholder support, as well as provider needs.

## National Efforts and Factors for Integration

In addition to factors at the state level (e.g., licensing, QRIS, professional development systems), states' and communities' ability to achieve integration of childhood obesity prevention components within ECE systems is often influenced by national policy, funding, and initiatives. Examples of such factors are listed below. While there is some direct overlap with the *Spectrum of Opportunities* (e.g., CACFP), these factors are generally broader than the avenues illustrated in the Spectrum and may impact multiple feathers or different feathers for each state. The major federal funding streams/initiatives that follow are consistent across all states and serve as the backdrop for state ECE systems. State case study reports describe how these funding streams/initiatives are leveraged in a variety of ways (alongside state resources) to achieve integration activities across the Spectrum.

### Child and Adult Care Food Program (CACFP)<sup>8</sup>—

CACFP is a federal program that provides funding reimbursement for meals and snacks served to low-income children in ECE settings. Participating ECE programs follow CACFP standards regarding meal patterns and portions. Many states provide training or technical assistance to ECE providers related to CACFP, and some use CACFP as a guide for licensing regulations, QRIS standards, or other state-based programs. In early 2016 CACFP standards were revised, providing an opportunity and increased need for training and supports from states to ECE providers on implementation of nutrition best practices.

**Child Care and Development Fund (CCDF)<sup>9</sup>**—CCDF funding to states supports subsidized child care services, and also includes a portion of funding which must be used to improve the quality of care in ECE settings. The minimum amount of funding which states must use to support quality activities was increased as part of the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG). Quality funds may support professional development, training, grants, or programs to providers, along with systemic improvements to enhance the quality of care for young children. Children's health and wellness may be a central focus of CCDF-funded efforts in states.

**State Public Health Actions—1305<sup>10</sup>**: CDC supports efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. Through a federal grant (1305), all 50 states and the District of Columbia receive funds to help prevent these chronic diseases. 1305 focuses on healthy environments in workplaces, schools, early childhood education facilities, and in the community. This program also focuses on working through health systems and communities to reduce complications from multiple chronic diseases such as diabetes, heart disease, and stroke. The goal is to make healthy living easier for all Americans. Recently, CDC added a new 1305 requirement for states around physical activity in ECE settings. Since all states receive 1305 funding (basic and/or enhanced) and are required to set goals and performance measures, the new requirement forced state health departments to develop strategies for ECE providers.



Figure 2: CDC Spectrum of Opportunities.





**Participation in National ECELC:** 2013-2016

**ECE programs trained<sup>11</sup>:** 163

**Children served by trained programs:** 16,841

**Spectrum of Opportunities areas of focus:**

- **Licensing & Administrative Regulations**—Leveraged Arizona’s Empower program to align messages and build supports, through Empower PLUS, to support ECE providers’ achievement of HEPA standards.
- **Pre-Service & Professional Development**—Developed seven online training modules to train ECE programs on the Empower standards; provided licensing clock hours as an incentive.
- **Emerging Opportunities**—Extended the reach of the National ECELC project and collaborated with stakeholders to understand the needs and provide support to ECE programs as they work toward achievement of HEPA best practices.

## Setting the Stage

Arizona was among the first states Nemours identified for the National Early Care and Education Learning Collaboratives (ECELC) project due to its commitment to child health and wellness in early care and education (ECE) settings, and high rates of preschool overweight and obesity. The Arizona Department of Health Services (ADHS), Bureau of Nutrition and Physical Activity (BNPA) was the lead in implementing the National ECELC project in Arizona. From 2013-2015, ADHS implemented learning collaboratives in the cities of Tucson and Phoenix, and addressed system integration from 2013-2016. As a lead state agency in health, ADHS was, and continues to be, well positioned to expand on their current work and explore additional childhood obesity prevention strategies within Arizona. Since the inception of the project, internal and external stakeholders were involved in the planning and implementation of the National ECELC project and continue to be engaged in supporting childhood obesity prevention efforts.

ADHS’ relationships with stakeholders were an asset when awarded funds to implement the National ECELC project. Child Care Licensing, Arizona Head Start Association, the United Way of Tucson and Southern Arizona, and the Pima and Maricopa County Departments of Public Health all played important roles in helping to get the project off the ground—aiding with planning, recruitment, curriculum refinement, and implementation. While support was central to implementation of the National ECELC project, stakeholders’ involvement was an important way to leverage cross-agency support for childhood obesity prevention efforts in Arizona and to help build awareness and buy-in for strategies that may be implemented as part of broader state systems integration.

While ADHS did not form a formal stakeholder group to inform its integration work, the department is connected to colleagues through formal (e.g., Early Childhood Health and Development Board, Arizona’s State Early Childhood Advisory Council) and informal avenues, allowing them to be in contact with organizations and individuals to support integration activities. ADHS gathered input but could have benefitted from a dedicated stakeholder group to help set the direction of integration activities, enhance buy-in and provide opportunity for cross-sector collaboration.

### Did you know?

***14.5% of low-income children in Arizona ages 2-4 are obese. The adult obesity rate in Arizona is nearly 30%. Early childhood obesity prevention efforts are essential.***

Source: Trust for America’s Health and Robert Wood Johnson Foundation. The State of Obesity 2015.  
Washington, D.C.: 2015



## State Efforts Addressing Childhood Obesity Prevention

Through the convening of stakeholders at the beginning of the project, ADHS and their partners quickly identified an existing ECE health and wellness initiative, Arizona's Empower program, which could be built upon through the National ECELC project. Empower is a voluntary initiative led by ADHS Child Care Licensing that focuses on integrating best practices for healthy eating, physical activity, oral health, sun safety, and smoking cessation into licensed ECE programs. The National ECELC project materials were customized and branded to align with Empower, and to ensure further alignment with a recognized statewide initiative for ECE, the learning collaboratives were named Empower PLUS+. Co-branding with Empower was essential to align efforts. ADHS was able to leverage momentum that had already begun around childhood obesity prevention in ECE settings through Empower, and co-brand to implement a new program tied to a *known* initiative in the state. This aided with communication efforts with stakeholders, recruitment of ECE providers, and ensured alignment with existing and planned efforts by Child Care Licensing to promote HEPA.

## State Efforts to Improve Early Care and Education

Quality First, Arizona's statewide quality rating and improvement system (QRIS) overseen by First Things First (FTF), drives state efforts to improve early care and education settings. ECE programs participating in Quality First are required to enroll in Empower (a requirement in place prior to Arizona's participation in the ECELC project), and this connection helps to ensure that child health and wellness is integrated into ECE program quality improvement efforts. Additionally, First Things First oversees a network of Child Care Health Consultants (CCHC) who help to bridge ECE program quality improvement and childhood obesity prevention efforts linked to Empower. While CCHCs are not trained specifically on the Empower standards, CCHCs receive initial training and ongoing professional development from trainers who have completed National Training Institute for Child Care Health Consultants. Topics include nutrition and physical activity best practices. However, data is not collected on the effectiveness of CCHCs in helping programs in Quality First to achieve Empower standards.

## Establishing a Path to Success—A Plan for Integration

Opportunities for integration were chosen by ADHS based on alignment with the current work of the Department (e.g., Child Care Licensing, WIC, BNPA, Empower, Arizona Nutrition Network) and funding streams. By leveraging existing work, ADHS was able to use outcomes from the National ECELC project to help inform and meet the needs of BNPA and the ECE field. The three primary areas of ADHS' integration efforts include:

1. Strengthen Empower, a voluntary program associated with child care licensing;
2. Enhance the availability of **professional development** for ECE providers that includes HEPA and is approved for state licensing required annual training hours; and
3. Leverage **emerging opportunities** for extended reach, stakeholder engagement, and data collection.



Figure 3: State Areas of Focus within the CDC Spectrum of Opportunities

# Integration Activities

## LICENSING & ADMINISTRATIVE REGULATIONS

In 2010, and prior to the National ECELC project, Arizona's child care licensing fees were raised dramatically due to state budget cuts. In response, ADHS used funding from multiple sources (Title V Maternal and Child Health Services Block Grant, tobacco tax, and lottery dollars to WIC) and developed Empower<sup>12</sup> as a mechanism to offset child care licensing fees by 50% for child care centers and group homes. To receive a reduction in licensing fees, ECE providers voluntarily agree to implement the Empower standards and have a written policy on each standard. Providers receive a resource kit when they sign up which contains the Empower Guidebook containing information on Empower standards, the rationale for the standards as well as policy samples. Additionally, ADHS provides collateral pieces for education and awareness such as window clings, stickers, magnets, resource brochures, posters and handouts. Empower is supported jointly by Child Care Licensing and the BNPA staff and other ADHS subject matter experts. Training and technical assistance has been provided to ECE programs through conferences, regional trainings, community-based training by partners, webinars, newsletters, and online web-based modules in order to meet the standards.

### Factors for Success in Arizona

- Existing childhood obesity prevention program, Empower, and its alignment with the National ECELC project goals
- Strong inter-agency coordination within ADHS
- Ability to leverage 1305 funding and data from CDC
- Availability of funding from the Avandia Settlement Grant

In 2013, at the time of the implementation of the National ECELC project, one of Arizona's biggest challenges was the long-term viability of Empower. Reaching nearly 99% of licensed ECE providers, the voluntary Empower initiatives is one of the largest statewide efforts for childhood obesity prevention. With a desire to maintain its momentum and to continue to offer a reduction in licensing fees through the program, ADHS looked to bring more visibility to Empower through the National ECELC project.

Since five of the ten Empower standards aligned directly with *Let's Move! Child Care* goals highlighted in the National ECELC project, Empower was a natural fit for alignment. To increase the visibility of Empower, the National ECELC project curriculum was customized to align with the branding of Empower and was renamed Empower PLUS+. With licensed providers seeking opportunities to meet the training requirement of 18 clock hours per year, the built-in incentive of reduced licensing fees through the Empower, and the new opportunity to meet those training requirements through participating in Empower PLUS+, ECE providers eagerly joined learning collaboratives in the first and second year of the National ECELC project.

Since both Empower and Empower PLUS+ are voluntary, BNPA partnered with ADHS Child Care Licensing in 2013 to monitor program compliance with Empower standards and collect and analyze data to inform future training and technical assistance. Coordinating efforts was relatively easy since both Child Care Licensing and BNPA are housed within ADHS. Licensing oversees the initial enrollment and renewal status of ECE programs' licensing, and also enrolls the programs in Empower. Licensing staff then monitors programs on compliance with licensing regulations and assesses the Empower standards. However, since Empower is voluntary, licensing monitors cannot cite a program for non-compliance related to Empower. Each Empower standard has 6-8 indicators associated with it where programs self-report if they're "fully," "partially," or have "not met" that indicator. These indicators address both program policies and practices that should be in place to meet the standard. Since July 2013, all Empower reports have been collected by licensing surveyors and submitted to BNPA for analysis. Gaps in meeting specific indicators and standards are identified to inform future technical assistance. Prior to July 2013 portions of data was collected by Child Care Licensing and submitted to BNPA's evaluation department; however, data was often incomplete and technical assistance varied and dependent on subject matter experts (e.g., oral health, nutrition, breastfeeding) to support ECE programs.

While the internal partnership within ADHS bureaus dated back to the inception of the Empower in 2010, there was little coordination for data collection from other projects and initiatives targeting ECE providers in the state. In order to assess the effectiveness of the technical assistance and trainings provided, the ECELC project coordinator identified other sources of ECE data that could be gathered and analyzed. Using the Centers for Disease Control and Prevention (CDC) 1305 funding and with technical assistance from CDC, the project coordinator

began collecting data from their 1305 basic and enhanced activities, Head Start/Early Head Start, National ECELC project (Empower PLUS+), and Quality First to help identify gaps in types of providers served, technical assistance provided, and any gaps in the content delivered. As a result of this data collection, in 2016 training materials, including the Empower Guidebook, 3rd edition, were revised with a lens on family engagement, children with special health care needs and disabilities, language and cultural accommodations, multi-age groups and home settings.

Further, in summer 2016, ADHS played an important role collaborating with Quality First, Arizona's QRIS, to add an Empower implementation statement into the Quality First Implementation Guide. The implementation statement specifies that as part of participation in Quality First programs are *“required to participate in the Empower program and receive technical assistance as needed... As part of your Empower agreement and licensing fee reduction, your program is required to have a written policy for each standard and to implement each standard.”*

## PRE-SERVICE & PROFESSIONAL DEVELOPMENT

A online professional development system for ECE providers was being developed by ADHS when they were funded for ECELC. Specific trainings had not been developed, approved, and made available for ECE providers participating in Empower. Creation of these modules was an opportunity to align professional development with Empower, while offering licensing hours to ECE providers who completed training. In 2015, the ECELC project coordinator supported development of seven online training modules that align with each of the ten Empower standards. These trainings are self-guided PowerPoint presentations with a narrative that providers can complete at their own pace to receive a training certificate. The trainings were reviewed by content experts at ADHS and Child Care Licensing and will be uploaded to the Empower page of the ADHS website. Licensing has approved these trainings as an option for the required three hours of annual Empower topics. Currently, three of the 7 trainings are offered through the Arizona Nutrition Network (AzNN) website (Family Style Meals, Fruit Juice, and Sedentary Activity/Screen Time). The remaining four training modules will be available alongside the completed modules on a redesigned Empower website by July 2017.

To continue to engage National ECELC project participants after the learning collaboratives ended, ADHS developed a monthly newsletter to highlight materials and events that would be of interest to ECE providers and stakeholders. The distribution of these monthly newsletters kicked off in 2015 and in June 2017 reaches over 4,000 subscribers. The newsletters are sent out through an email listserv and are available on the Empower website. If opportunities or activities arise between the releases of the monthly newsletters, ADHS sends an email blast to all National ECELC project participants, other interested ECE providers, and internal and external partners. This effort was supported by CDC 1305 activities described above that allowed BNPA to identify gaps in providers served, training opportunities and content as well as support the overall goal of raising awareness for the Empower Program.

### Timeline

#### 2010

- Empower launched and linked to licensing fee reductions

#### 2013

- Arizona selected to join National ECELC project and launches first cohort of Empower PLUS+
- BNPA begins ongoing review of Empower reports

#### 2014

- First cohort of Empower PLUS+ concludes, and second cohort begins implementation

#### 2015

- Second cohort of Empower PLUS+ concludes implementation
- Seven electronic training modules developed to align with Empower standards
- ADHS begins monthly newsletter to highlight Empower and Empower PLUS+ materials and resources
- Arizona State Health Improvement Plan developed, including childhood obesity prevention initiatives and strategies
- ADHS received \$400,000 from Avandia settlement to train 300 child care group homes and provide activity kits
- National ECELC trainer implemented learning collaboratives with the San Carlos tribe in rural Arizona

#### 2016

- Empower statement added to Quality First Implementation Guide

## EMERGING OPPORTUNITIES

### State Health Improvement

By 2015, the Arizona State Health Improvement Plan—including childhood obesity prevention initiatives and strategies—was developed and workgroups were defined to begin the implementation phase. BNPA was asked to participate in the workgroup to help align childhood obesity prevention efforts. Around the same time, the Supplemental Nutrition Assistance Program-Education (SNAP-Ed), also known as the AzNN, released a request for proposals (RFP). The RFP solicited stakeholders interested in applying for a three year grant focused on 16 obesity prevention strategies. Three of those strategies focus specifically on early childhood development.<sup>13</sup> Nineteen grantees were chosen, a majority of which (e.g., county health departments, cooperative extension) are focusing on at least one ECE strategy. AzNN developed protocols to ensure provide guidance to SNAP-Ed partners choosing to work on an ECE strategy. An ECE subcommittee consisting of state agencies and grantees helped inform this effort.

### Avandia Settlement Grant

Between 2012-2016, ADHS had unique opportunities to fund HEPA work with ECE. In 2012, the State of Arizona received over 3 million dollars from a diabetes drug manufacturer due to unlawful promotion of their product. The state used part of this funding to issue grants from the Arizona Attorney General's Office (AGO). BNPA applied for funds in 2015 to focus on training Child Care Group Homes<sup>14</sup> (CCGH) on tenets of the National ECELC project. There are about 300 CCGHs in the state which are often underrepresented and isolated when compared to the 2,100+ centers. In 2015, ADHS received \$400,000 from the Avandia settlement, and began planning how to target the 300 CCGHs over the course of two years. ADHS contracted with the Maricopa County Department of Public Health for trainers who would prepare and implement four regional trainings each year using a train-the-trainer model. The trainers are using the technical assistance strategies and Empower resources provided to assist the CCGHs in meeting best practices related to healthy eating, physical activity and family-style dining.

The first project year ended in April 2016. Over the course of that first year, ADHS reached about 80% of the targeted CCGHs across four counties. Of the 175 child care group homes on the licensing list in Phoenix, 118 programs and 157 individual providers (CCGH owners and their staff) were reached. The evaluation to assess the effectiveness of the first year will be a retrospective survey completed by the providers approximately 2-3 months after the last training or technical assistance visit occurred. In year two, additional trainings will be held in Tucson and in rural parts of the state. Every child care group home will receive either group training or 1:1 technical assistance in their home. In addition, each provider facility received a curriculum kit of family style meal service pieces, nutrition education and physical activity equipment, including a copy of *Active Play!* by Dr. Diane Craft.

Data collected during the Avandia contract is also being analyzed among data collected from 1305 basic and enhanced activities, Head Start/Early Head Start, National ECELC project (Empower PLUS+), and Quality First to compare across projects and determine their effectiveness. Due to ADHS' efforts to raise awareness for Empower and analyze data across all projects targeting ECE providers, the Department of Economic Security (DES) collaborated with BNPA in 2016 to require enrollment in the Empower program for all Family Child Care (FCC) providers in the state. The addition of these 600 providers brings the total of Empower facilities to almost 3,000 throughout the state.

### San Carlos Tribe

In 2015, a National ECELC (Empower PLUS+) trainer who worked for the United Way in Tucson and Southern Arizona received \$150,000 from First Things First for a 3-year project focused on healthy eating and physical activity. Using the learning collaborative model and Empower PLUS+ materials, the trainer ran collaboratives with the San Carlos tribe in rural Arizona, which included parents and families, Head Start participants, and other tribal members. Eight ECE programs participated in the first year of training. All participating sites made improvements, for example, providing parents with written policies and guidelines on food brought from home, reducing non-educational media time for children, and increasing the frequency of whole grain foods and vegetables served to children. As of August 2016 United Way is planning its second year of Empower PLUS+ training with ECE providers on the San Carlos Apache Reservation.



## Challenges to Integration

ADHS has ongoing concerns about the lack of stable of funding for Empower. The Empower program allow programs to gain additional knowledge and resources to improve their program policies and practices related to healthy eating and physical activity, but it is still a voluntary program for ADHS programs. While linked to licensing, Empower standards are not required and monitored in the same way as licensing regulations. It is widely known that child care licensing regulations are difficult to change, but it may improve ECE program compliance with best practices if Arizona licensing regulations are updated and appropriately monitored to include the Empower standards. In this case, ADHS would need to consider if and how programs would still receive a reduction in licensing fees, which is currently tied to participation in Empower. Technical assistance for ECE programs needing to comply with the new regulations would have to be a top priority for Child Care Licensing if this update is made.

Additionally, during integration planning in 2014 another issue ADHS uncovered was low levels of participation in the federal Child and Adult Care Food Program (CACFP). A high percentage of children attending ECE programs bring their own lunches and therefore many programs are not eligible or do not have a desire or capacity (e.g., resources, availability of approved kitchen) to participate in CACFP. However, the funds ECE programs receive for CACFP participation can cover the cost of healthy meals and snacks provided to children. Encouraging more providers to participate in CACFP, and providing them the training and technical assistance to do so, would increase the quality of meals served to children versus those brought from home. ADHS did not choose to focus on this area, although since 2015, have been meeting with CACFP staff on a monthly basis and participating at their annual summit.

Finally, ADHS' biggest challenge may have been the tendency to rely only on systems integration opportunities within their department. For example, BNPA and Child Care Licensing were housed within ADHS and were successful in coordinating efforts on the Empower due to proximity and ease of ongoing communication within. However, at the beginning of their integration work it seemed difficult for ADHS to identify opportunities within other state-level systems that did not reside within their department. This was evident in their hesitation to choose CACFP as a viable opportunity as well as the difficulty to reach family child care providers. This could be in part due to the fact that CACFP is overseen by the Arizona Department of Education and family child care providers are overseen by the DES. Recognizing the importance of needing to include these key stakeholders in their work, ADHS regularly contacted the two departments for involvement in advisory committee meetings in order to advance healthy eating and physical activity messaging in ECE settings. They now enjoy ongoing collaborative meetings, creating common messages and themes. Having a dedicated stakeholder group at the onset for integration activities may have helped with coordination of systems-level integration activities.

Increasing participation of tribal communities in Empower was also a challenge. Tribal programs are legally exempt from child care licensing regulations, do not have licensing fees, and as such, have not systematically participated in Empower. During recruitment of child care centers for the National ECELC project, the project coordinator invited tribal programs to enroll but there was little interest. What did gain their interest, however, was the annual Empower conference, which many tribal members regularly attend. The need to reach additional tribal communities was recognized by ADHS, and in 2015 one of the National ECELC project (Empower PLUS+) trainers working at the United Way of Tucson brought a modified version of the project to the San Carlos Apache tribe. If funding arises in the future to support additional learning collaboratives, results from this work could be leveraged to demonstrate successful recruitment and project implementation with child care programs in other tribal communities.

Finally, in 2014, the reauthorization of the Child Care and Development Block Grant (CCDBG) brought a promising opportunity to include HEPA activities within the Arizona Child Care and Development Fund (CCDF) plan. With a strong interest in quality improvement, the National ECELC project coordinator had discussions with members of the advisory council for development of the CCDF plan. However, with DES as the lead in developing the CCDF plan and high staff turnover within the department, DES was focused on complying with the new group size requirement since Arizona does not have any. During this time the state plan was being developed and subsequent meetings with DES, the project coordinator shared the importance of HEPA-related messaging in ECE programs. As a result, DES now requires their family child care providers, who are overseen by DES, to enroll in the Empower Program.

## Lessons Learned

Aligning existing childhood obesity prevention efforts (i.e. Empower) with new projects or initiatives is key to providing consistent messaging to raise awareness for HEPA best practices. However, the HEPA best practices must be included in state systems such as licensing and QRIS with proper monitoring and technical assistance provided to support those changes.

An individual or department in a leadership role with experience working with ECE programs is needed to identify and convene stakeholders to move the work forward. Or, at the very least, that individual or department must be a vocal member of existing advisory committees or stakeholder groups.

When planning for implementation of a childhood obesity prevention project or intervention, it is essential to involve and obtain buy-in and leadership from both internal and external partners. Keeping partners informed during the initial stages of planning and throughout the implementation process is essential to their ongoing support and collaboration. This is also important given that there can be multiple childhood obesity prevention projects or initiatives occurring simultaneously at the local or state level. Coordinating efforts to collect data across all project and leverage existing funding (i.e. CDC 1305) can help identify providers served and gaps in technical assistance to help inform future work.

### Glossary of Key Terms

1. ***Arizona Department of Economic Security (DES)*** – Oversees family child care home providers in the state, and is leading development of Arizona’s Child Care and Development Fund plan.
2. ***Arizona Department of Health Services (ADHS), Bureau of Nutrition and Physical Activity (BNPA)*** – State agency leading implementation of the National ECELC project in Arizona.
3. ***Arizona Nutrition Network (AzNN)*** – Arizona’s Supplemental Nutrition Assistance Program-Education (SNAP-Ed).
4. ***Avandia Settlement Grant Project*** – Grant funding resulting from a settlement in which Arizona received over 3 million dollars from a diabetes drug manufacturer due to unlawful promotion of their product.
5. ***Empower*** – Voluntary childhood obesity prevention program led by ADHS Child Care Licensing.
6. ***Empower PLUS+*** – National ECELC project in Arizona; materials co-branded to align with Empower.
7. ***First Things First*** – Organization overseeing implementation of Quality First, and provides training and professional development to ECE program staff.
8. ***Quality First*** – Arizona’s quality rating and improvement system (QRIS).



# North/Central Florida

## Implementation Partner: Nemours Children's Health System

### Case Study

**Participation in National ECELC:** 2013-2017

**ECE programs trained<sup>15</sup>:** 245

**Children served by trained programs:** 21,301

**Spectrum of Opportunities areas of focus:**

- **Pre-service and Professional Development**—Aligned ECELC with state requirements to award in-service hours and CEUs to participating ECE programs/staff
- **Funding & Finance**—Partnered with Florida Department of Health to leverage 1305 funds to support additional collaboratives in the Big Bend region of Florida.
- **Emerging Opportunities**—Collaborated with Head Start programs to understand their unique needs and modify the ECELC model to support Head Start programs' full participation in the ECELC project.

## Setting the Stage

Nemours identified Florida as a state partner in 2013 during the development of the National ECELC proposal to the Centers for Disease Control and Prevention (CDC). Florida had high preschool overweight and obesity rates, large numbers of early care and education (ECE) programs, and existing efforts by Nemours' Florida Prevention Initiative to prevent childhood obesity via ECE settings. Additionally, with Nemours' large clinical presence in Florida there was a unique opportunity to leverage the organization's reach. Thus, Nemours Children's Health System undertook responsibilities to serve as the Implementation Partner for North/Central Florida. The North/Central Florida ECELC model provides Nemours National Office of Policy and Prevention with on-the-ground opportunities to learn firsthand what is working and what may not be working within the ECELC model. It also allowed Nemours to leverage partnerships and resources to enhance the success of implementation in North/Central Florida, further described in the sections that follow.

### Did you know?

***In Florida, among low-income children aged 2 years to 5 years old, 14.8% are overweight and 13.4% are obese.***

Source: CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS).

## State Efforts Addressing Childhood Obesity

Florida Department of Children and Families (DCF) offers HEPA training for ECE programs through its PREVENT Obesity initiative.<sup>16</sup> This training provides ECE programs with education on best practices and tools to support program improvements related to nutrition, physical activity and screen time. The training provided through PREVENT Obesity is available for free to ECE programs in Florida and is available on demand online. It is a one-time 2-hour training, and participants can earn up to 2.0 in-service hours for participation.

The Florida Department of Health (DOH) supports baby-friendly worksite initiatives and safe routes to school. The baby-friendly worksite initiative aims to increase breastfeeding-friendly environments (including schools and state agencies) and support the inclusion of breastfeeding in employee wellness policies. Through the Safe Routes to School initiative, Florida DOH provides training materials and funding for communities to create safe routes for children traveling to school.



Florida DOH is also the administrator of the state's 1305 funding, a portion of which has been allocated to support National ECELC project implementation in North/Central Florida (via a grant to Nemours and described further in the sections that follow). Through this funding, Nemours also developed a webinar for DOH staff members statewide to enhance their knowledge and ability to support ECE programs' achievement of HEPA best practices. The webinar was completed in December 2016 and focuses on strategies to engage local stakeholders to coordinate support for ECE providers in each county.

In the private sector, FLIPANY (Florida Introduces Physical Activity and Nutrition to Youth), established in 2005, promotes nutrition and physical education programs. The organization focuses primarily on "healthy food preparation, food security, physical education, and worksite wellness."<sup>17</sup> FLIPANY provides a wide range of programs, including training to ECE and after school programs, interventions with children and families, parent/child classes, and cooking demonstrations. Since 2005 FLIPANY has trained approximately 550 child care providers who receive in-service hours for participation.

In 2013, Florida stakeholders, including Nemours, participated in Florida's Pioneering Healthier Communities, led by the YMCA of the USA (Y-USA) and supported by the Robert Wood Johnson Foundation. The initiative brought together public and private stakeholders and community leaders to promote HEPA best practices statewide. Y-USA provided funding and technical assistance throughout the project. However, after two years of convening (in September 2015) funding for the initiative was no longer available and the group ceased to move forward. The work of the group culminated with a statewide HEPA Summit hosted by Florida's Park and Recreation Association and attended by 200 participants.

Finally, between 2000 and 2013, the University of Miami School of Medicine conducted a randomized control trial, funded by USDA, called Healthy Caregivers/Healthy Children. The project included a curriculum focusing on healthy food choices, increased exercise, and role modeling. The program targets food policy changes throughout the school, and via the child, caregiver, and teacher. In 2015-2016, the project was expanded to focus on training Miami's Quality Rating and Improvement staff. Both projects have shown effective in affecting children in child care as compared to a control group.

## State Efforts to Improve Early Care and Education

Florida DCF licenses child care centers in 62 of the 67 counties in Florida (if a county's licensing standards meet/exceed those set by DCF then they may administer their own licensing programs). DCF also houses the Florida Child Care Professional Credential Training Program, a comprehensive training program for ECE providers that helps them meet professional criteria required by the department per licensing regulations. The training includes at least 120 hours of early childhood instruction and 480 contact hours with young children, leading to a professional certification in either "Birth through Five" or "School Age." DCF-approved training providers offer trainings throughout the state.<sup>18</sup>

The Florida Office of Early Learning (OEL), a division of the Florida Department of Education, oversees the operation of statewide early learning programs and administers federal and state child care funds. OEL further supports children, families, and ECE providers by providing 30 early learning coalitions (ELCs) with CCDF funding to deliver services across the state. ELCs are non-profit organizations that may also partner with public and private entities to meet the needs of children and families.<sup>19</sup> Each year OEL contracts with the 30 local ELCs and allocates funding based on the number of children and ECE programs in each county for ELCs to deliver services locally. Each ELC provides state and county-specific training and administers county-specific programs (e.g., QRIS).

### Timeline

#### 2012

- Florida updated early learning and VPK standards to include a health/wellness component

#### 2013

- North/Central Florida selected to join National ECELC project and first cohort launched

#### 2014

- CDC 1305 funds used to launch collaborative in Big Bend region
- Second cohort of National ECELC implemented

#### 2015

- Third cohort of National ECELC implemented

#### 2016

- Fourth cohort of National ECELC implemented
- FLA DOH begins exploring a statewide HEPA recognitions system for ECE.

Additionally, ELCs help to provide access to high-quality ECE services for children in each county by connecting parents with information, assisting with enrollment into child care and Florida’s Voluntary Prekindergarten (VPK) program and administering child care subsidies. The ELCs partner with parents, ECE providers, and public and private community stakeholders to build a strong foundation for Florida’s youngest children.

Statewide strategies for best practices in healthy eating and physical activity (HEPA) are limited in Florida’s 2016-2018 CCDF plan. The U.S. Department of Health and Human Services requires each state to have a written plan for ECE programs to have professional development opportunities with physical activity and child nutrition. OEL is minimally meeting this requirement by offering a 3-hour instructor-led training and a 5-hour online training related to the Florida Early Learning and Developmental Standards. The training provides an overview of how the Florida Early Learning and Developmental Standards can be used to support implementing developmentally appropriate practices. As stated in the CCDF plan, the training promotes the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity.<sup>20</sup>

Gold Seal Quality Care Program, established by the Florida Legislature in 1996 and overseen by DCF, acknowledges ECE programs, including family child care homes, that are “accredited by nationally recognized agencies and whose standards reflect quality in the level of care and supervision provided to children.”<sup>21</sup> ECE programs that earn the Gold Seal designation and are participating in the state subsidized child care program receive a higher per child reimbursement rate than providers that have not earned the designation. The Gold Seal program serves as an incentive for ECE programs to achieve accreditation and provides increased funds to help them maintain quality services.

Florida has a county-level approach for Quality Rating and Improvement System (QRIS) with several counties having their own locally designed systems. The QRIS in Duval County is “Guiding Stars of Duval.” While Guiding Stars does not currently include HEPA criteria, ECE programs that successfully complete participation in the National ECELC project earn a bonus point toward their Guiding Stars rating. Similarly, in the second year of implementation of the collaboratives, Orange County Early Learning Coalition established a QRIS, Quality Stars. ECE programs from Orange County are now able to earn bonus points toward their Quality Stars score for completing the National ECELC project. There are no other QRIS in place in North/Central Florida.

## Establishing a Path to Success—A Plan for Integration

The integration activities in North/Central Florida were driven by regional opportunities and relationships built with the Florida DOH. North/Central Florida has worked in multiple of the areas of the CDC Spectrum of Opportunity, though the focus has been predominately in two areas.

1. Utilize 1305 to support **facility level interventions** in the Big Bend region of Florida.
2. Explore **emerging opportunities** with Head Start grantees in North/Central Florida.

Nemours convened a stakeholder group of state partners in 2013, during the first year of implementation of the learning collaboratives in North/Central Florida, to provide information about start-up activities and garner input and support for the National ECELC project. The stakeholder group for North/Central Florida did not continue beyond the first implementation year, though the partnerships resulting from initial stakeholder meetings proved valuable throughout the project.



Figure 4: State Areas of Focus within the CDC Spectrum of Opportunities

# Integration Activities

## FACILITY LEVEL INTERVENTIONS

In the first year of the National ECELC in North/Central Florida, Florida DOH Chronic Disease and Prevention approached Nemours with an interest in partnering to expand the reach of the National ECELC project. DOH offered to provide a portion of the state's CDC 1305 funds for this purpose. Florida DOH became aware of the National ECELC project in Florida through informational meetings at which the ECELC Project Coordinator presented about the learning collaborative model. A four-year agreement (\$103,900 per year) was established between Nemours and DOH. The first two years of funding supported learning collaboratives for the Big Bend region of Florida, a rural area with limited resources and trainings for ECE programs. From 2014-2016 the Big Bend learning collaboratives provided over 30 rural ECE programs—both center-based and family child care—with an opportunity to participate in the National ECELC project.

The Big Bend learning collaborative was the first time the National ECELC project served rural programs and family child care providers. Implementation provided an opportunity for Nemours test the model with a new provider type and gather input to inform future implementation in rural settings. Many programs participating in the Big Bend learning collaborative traveled 1-2 hours to attend learning sessions. Of particular value was the opportunity for these providers to not only receive training and earn CEUs and in-service hours, but also network with other providers throughout their participation. Given the remote location of many of the participants, the ECELC project provided a new way for providers to come together, learn and reflect, and make changes in their programs.

With its third year of DOH funding, Nemours is focused on enhancing support for ECE providers and building knowledge within state systems. Nemours developed a webinar for DOH staff members statewide to enhance their knowledge and ability to support ECE programs' achievement of HEPA best practices. The webinar also focuses on strategies to engage local stakeholders to coordinate support for ECE providers in each county. The DOH funding is also used to re-engage the programs that participated in the first two years of learning collaboratives in the Big Bend region. ECE programs will receive individualized technical assistance to continue to support their work toward achievement of HEPA best practices. To help expand the reach of HEPA trainings, Nemours is also planning four webinars that will address HEPA best practices and will be accessible to ECE providers across Florida.

### Factors for Success in Florida

- Nemours strong reputation in North/Central Florida
- Nemours Project Coordinator's successful relationship building
- County stakeholders' support of the National ECELC project
- Additional funding opportunities for expansion of ECELC
- Working with Head Start grantees can be a support to sustainability as their administrative staff serve many sites over many years

## EMERGING OPPORTUNITIES

During the three years of implementation of the National ECELC in North/Central Florida, strong partnerships have been developed with many Head Start (HS) and Early Head Start (EHS) grantees. The HS/EHS grantee that provides EHS in Orange, Osceola, and Seminole counties, along with HS in Osceola and Seminole counties, participated in the first cohort of the National ECELC in North/Central Florida. This partnership provided a great learning opportunity for Nemours to determine what is the “best fit” for HS grantees participating in the National ECELC. For example, Nemours learned that for HS/EHS grantees a site-by-site approach to participation in the National ECELC did not provide for cohesive and sustainable changes in the individual HS sites. This is because administrative level staff (who oversee a number of individual HS/EHS sites under that are part of the agency) were not present for the collaborative. Thus, changes at individual sites were minimal and did carry over into policy changes for the grantee.

An alternative approach was developed for HS participants in the National ECELC. Individual HS site managers/teachers along with an individual from the grantee administration participate in the National ECELC as a team. This promotes buy-in at the HS site level as well as the administrative level to support sustainable changes in the HS programs. Since HS/EHS programs often set policies and procedures (e.g., curriculum, menu

planning) at the grantee level, which then gets implemented at the site level, this approach would allow for a greater level of awareness about the importance of change at multiple levels and a coordinated approach for implementation of changes.

With the lessons learned from the implementation of the National ECELC project with HS grantees in the first cohort, Nemours partnered with Orange County Head Start in year 2. Nemours and Orange County Head Start developed a Memorandum of Understanding (MOU) outlining specific requirements to support Orange County Head Start's participation in the National ECELC. For example, the leadership team had representatives from the administration (i.e., Health Specialist, Education Specialist, Nutritionist, etc.) and a staff member from each of its 20 HS sites. This formed a cohesive opportunity for learning and helped enable each HS site to make healthy changes in their sites. Changes were made at the administrative level, with Orange County Head Start establishing countywide policies on screen time policies that would impact Head Start sites across Orange County.

In addition, healthy changes were made by the 20 HS sites, with each developing a garden to support sustainable healthy changes for the children and families served by this grantee. This was made possible through a partnership between Cooperative Extension and Orange County Head Start, which grew out of Nemours inviting Cooperative Extension to a learning session. Cooperative Extension provided a volunteer master gardener to each of the 20 HS sites, assisted with maintenance of the gardens and developed a curriculum for implementation with children. This partnership provided a sustainable, long-term strategy for site-level changes at each of the Orange County Head Start sites.

## Challenges to Integration

The first challenge for Florida is its county-by-county administration of ECE systems making it difficult for the National ECELC to influence state-level systems. The differences that exist from one county to the next create challenges to efficiently collaborate with stakeholders, as each county is working within a different set of priorities and programs. An example of this is QRIS, which is local and not statewide. This poses challenges regarding the integration of HEPA best practices for sustainable and far-reaching success. For example, across the North/Central Florida counties, the only Duval County had an established QRIS at the time of initial implementation of the National ECELC project. During stakeholder meetings in Duval County it was determined that the ELC in that county would award bonus points to ECE programs that successfully completed the learning collaborative. Since the other North/Central Florida counties did not have a QRIS, a similar incentive could not be offered to participants from those counties. Influencing systems-level change in a regionally and local-driven context makes it difficult to integrate HEPA best practices and opportunities that will impact ECE providers statewide. Additionally, Florida DCF has not identified it a priority to create increased emphasis on HEPA best practices, so there is no guidance from the state level encouraging counties to focus on these areas in a coordinated way.

Without a cohesive approach for statewide stakeholder groups it has been difficult to establish a coordinated approach for integration. With the intersection of ECE and childhood obesity prevention, there is a strong need for coordinating agencies to be strategic about the convening and use of a stakeholder group to support the integration of HEPA best practices into systems. The stakeholder group will need concrete areas of focus for which they can provide insight and recommendations, and will also need to be kept aware of all state level activities to ensure a coordination approach for planning and integration.

Understanding and working within various county specific initiatives, training structures, and regulations requires a substantial amount of information gathering and coordination with stakeholders. A key factor for success has been building professional relationships with the many individual partners within ELCs. Building relationships takes time, and although a challenge at the beginning, it helps to build success in the long-term.

# Lessons Learned

Despite its role administering funding to the ELCs, Florida OEL has not leveraged opportunities to enhance statewide system change regarding HEPA best practices. OEL focuses mainly on school readiness and literacy as a threshold for children’s success, and has not targeted HEPA as one a core focus areas. Moving forward, Nemours and stakeholders may consider collaborating with non-governmental statewide organizations such as the Florida Association of Early Learning Coalitions (AELC) to explore more coordinated work in this area. Florida AELC provides resources and support to ELC executive directors, and the AELC infrastructure could serve as a means to convene and communicate with ELCs. This approach might help to bridge regional-based implementation into a coordinated system for HEPA improvements statewide.

It will be important for stakeholders to remain informed about state-level proposals and plans as they align and integrate local and county effort, and to help advocate for deepening the commitment to supporting HEPA best practices on the state level. Taking successes and lessons learned from North/Central Florida’s regional implementation could be an important advocacy tool for change statewide.

Finally, particularly with the intersection of ECE and childhood obesity prevention, there is a strong need for coordinating agencies to be strategic about the convening and use of a stakeholder group to support the integration of HEPA best practices into systems. The stakeholder group will need concrete areas of focus for which they can provide insight and recommendations, and will also need to be kept aware of all state level activities to ensure a coordination approach for planning and integration. With clear and consistent messaging from the state level about the importance of HEPA topics, local and county administrators may more easily align efforts to support children’s healthy development.

## Glossary of Key Terms

- 9. *Early Learning Coalition (ELC)* – A county level entity that provides training, subsidy administration and information to ECE programs, parents and stakeholders in the community.
- 10. *Florida Department of Children and Families (DCF)* – The Florida state agency overseeing child care licensing and training requirements for ECE providers.
- 11. *Florida Office of Early Learning (OEL)* – The Florida state agency overseeing the 30 county early learning coalitions
- 12. *Florida Department of Health (DOH)* – The Florida state agency overseeing chronic prevention and disease.



# South Florida

## Implementation Partner: Early Learning Coalition of Miami-Dade/Monroe

### Case Study

**Participation in National ECELC:** 2013-2017

**ECE programs trained<sup>22</sup>:** 259

**Children served by trained programs:** 20,559

**Spectrum of Opportunities areas of focus:**

- **Facility Level Interventions** – Obtained funding from Health Foundation of South Florida to launch the Early Childhood Education Structured Physical Activity (ECESPA) project, providing physical activity training and materials to past and current ECELC participants as well as additional ECE providers not reached through the ECELC project.
- **Quality Rating and Improvement System (QRIS)** – Coordinated with QRIS administrator to plan for the integration of health and wellness into Quality Counts, South Florida's QRIS, and provided training to Quality Improvement Specialists and ECELC trainers to assess and provide technical assistance to ECE programs related to structured physical activity.
- **Emerging Opportunities** – Partnered with regional initiatives and stakeholders (Help Me Grow, YMCA of South Florida) to maximize childhood obesity prevention efforts through the integration of existing systems and developing coordinated communication strategies.

## Setting the Stage

Nemours identified Florida as a state implementation partner in 2013 during the development of the National ECELC proposal to the Centers for Disease Control and Prevention (CDC). Florida had high preschool overweight and obesity rates, large numbers of early care and education (ECE) programs, and existing efforts by Nemours' Florida Prevention Initiative to prevent childhood obesity via ECE settings. Given Nemours' large clinical presence in North/Central Florida there was a unique opportunity to leverage the organization's reach and thus, Nemours Children's Health System served as the State Implementation Partner for that area. Recognizing the unique differences between North/Central and South Florida, as well as the regional administration of ECE systems in the state, Nemours partnered with the Early Learning Coalition of Miami-Dade/Monroe (ELCMDM) as the state implementation partner for South Florida.

### Did you know?

***In Florida, among low-income children aged 2 years to 5 years old, 14.8% are overweight and 13.4% are obese.***

Source: CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS).

## State Efforts Addressing Childhood Obesity

Florida Department of Children and Families (DCF) offers Healthy Eating and Physical Activity (HEPA) training for ECE programs through its PREVENT Obesity initiative.<sup>22</sup> This training provides ECE programs with education on best practices and tools to support program improvements related to nutrition, physical activity and screen time. The training is available for free and is available on demand online. It is a one-time 2-hour training, and participants can earn up to 2.0 in-service hours for participation.

The Florida Department of Health (DOH) supports baby-friendly worksites and safe routes to school initiatives. The baby-friendly worksite initiative aims to increase breastfeeding-friendly environments (including schools and state agencies) and support the inclusion of breastfeeding in employee wellness policies. The Safe Routes to School initiative provides materials and funding for communities to create safe routes for children traveling to school.

Florida DOH is also the administrator of the state's 1305 funding, a portion of which has been allocated to support National ECELC project implementation in North/Central Florida (via a grant to Nemours and described further in the sections that follow). Through this funding, Nemours also developed a webinar for DOH staff members statewide to enhance their knowledge and ability to support ECE programs' achievement of HEPA best practices. The webinar was completed in December 2016 and focuses on strategies to engage local stakeholders to coordinate support for ECE providers in each county.

In the private sector, FLIPANY (Florida Introduces Physical Activity and Nutrition to Youth), established in 2005, promotes nutrition and physical education programs. The organization focuses primarily on "healthy food preparation, food security, physical education, and worksite wellness."<sup>24</sup> FLIPANY provides a wide range of programs, including training to ECE and after school programs, interventions with children and families, parent/child classes, and cooking demonstrations. Since 2005 FLIPANY has trained approximately 550 child care providers who receive in-service hours for participation.

In 2013 Florida stakeholders, including Nemours, participated in Florida's Pioneering Healthier Communities initiative, led by the YMCA of the USA (Y-USA) and supported by the Robert Wood Johnson Foundation. The initiative brought together public and private stakeholders and community leaders to promote HEPA best practices statewide through policy and systems integration. Y-USA provided funding and technical assistance throughout the project. However, after two years of convening (in September 2015) funding for the initiative was no longer available and the group ceased to move forward. The work of the group culminated with a statewide HEPA Summit hosted by Florida's Park and Recreation Association and attended by 200 participants.

Between 2000 and 2013, the University of Miami School of Medicine conducted a randomized control trial, funded by USDA, called Healthy Caregivers/Healthy Children. The project included a curriculum focusing specifically on healthy food choices, increased exercise, and role modeling. The program targets food policy changes throughout the school, and via the child, caregiver, and teacher. In 2015-2016, the project was expanded to focus on training Miami's Quality Rating and Improvement staff. Both projects have shown effective in affecting children in child care as compared to a control group.

Finally, in South Florida specifically, a 2010 Communities Putting Prevention to Work (CPPW) grant from CDC jump-started the ECE/childhood obesity work in the state. Miami-Dade County Health Department received \$14.7 million from CDC for tobacco cessation, to increase awareness of the importance of healthy eating and physical activity and increase availability of nutritious foods and beverages at schools, worksites and in communities. One of the goals of the initiative was to "increase access to and promote consumption of healthy foods and beverages and reduce availability of nutrient poor, calorie dense foods; require daily physical activity, and reduce screen time among children 2-5 years of age through the adoption of policy, environment and systems changes in child care centers across Miami-Dade."<sup>25</sup> Through CPPW, the Consortium For A Healthier Miami-Dade Children's Issues Committee<sup>26</sup> facilitated collaboration among stakeholders to educate the legislature on the *Caring for Our Children, Preventing Childhood Obesity* standards and advocate to ECE programs in Florida to adapt these standards. As a result, approximately 1,100 ECE programs in Miami-Dade County received a copy of the standards and the University of Miami trained more than 2,700 staff members in approximately 960 programs on nutrition, physical activity and screen time standards.

## Timeline

### 2013

- South Florida selected to join National ECELC project and first cohort launched.

### 2014

- Second cohort of National ECELC implemented.

### 2015

- Third cohort of National ECELC implemented
- ELCMDM and Help Me Grow (HMG) partner to integrate HEPA into HMG's referral services.

### 2016

- ELCMDM awarded grant from HFSF to provide HEPA training to ELCMDM Trainers, Quality Counts QIS, ECE providers and their families.
- ELCMDM and the YMCA of South Florida partnered to augment the Y's HEPA standards and develop a HEPA standards advocacy campaign.
- ELCMDM and Quality Counts partnered to provide Quality Counts QIS with training that will enable them to monitor their Quality Counts centers for best practices in physical activity.

## State Efforts to Improve Early Care and Education

Florida DCF licenses child care centers and family child care homes in 62 of the 67 counties<sup>27</sup> in Florida. DCF also houses the Florida Child Care Professional Credential Training Program for ECE providers that helps them meet licensing regulations. The training includes at least 120 hours of early childhood instruction and 480 contact hours with young children, leading to a professional certification for ECE providers in either “Birth through Five” or “School Age.” DCF-approved training providers offer trainings throughout the state.<sup>28</sup>

The Florida Office of Early Learning (OEL), a division of the Florida Department of Education, oversees the operation of statewide early learning programs and administers federal and state child care funds. OEL further supports children, families, and ECE providers by contracting with 30 early learning coalitions (ELCs) to deliver services across the state using CCDF block grant funds. ELCs are non-profit organizations that may also partner with public and private entities to meet the needs of children and families.<sup>29</sup> Each year OEL allocates funding to the ELCs based on number of children and ECE programs in each county. Each ELC provides state and county-specific training and administers county-specific programs (e.g., QRIS, child care subsidy assistance). Additionally, ELCs help to provide access to high-quality ECE services for children in each county by connecting parents with resources, assisting with enrollment into child care and Florida’s Voluntary Prekindergarten (VPK) program. The ELCs partner with parents, ECE providers, and public and private community stakeholders to build a strong foundation for Florida’s youngest children.

Statewide strategies for best practices in healthy eating and physical activity (HEPA) are limited in Florida’s 2016-2018 CCDF plan. The U.S. Department of Health and Human Services requires each state to have a written plan for ECE programs to have professional development opportunities with physical activity and child nutrition. OEL is minimally addressing this requirement by offering a 3-hour instructor-led training and a 5-hour online training on the Florida Early Learning and Developmental Standards and how they can be used to support implementing developmentally appropriate practices. As stated in the CCDF plan, the training promotes the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity.<sup>30</sup>

The Gold Seal Quality Care Program, established by the Florida Legislature in 1996 and overseen by DCF, acknowledges ECE programs, including family child care homes, that are “accredited by nationally recognized agencies and whose standards reflect quality in the level of care and supervision provided to children.”<sup>31</sup> ECE programs that earn the Gold Seal designation and are participating in the state subsidized child care program receive a higher per child reimbursement rate than providers that have not earned the designation. The Gold Seal program serves as an incentive for ECE programs to achieve accreditation and provides increased funds to help them maintain quality services.

Florida does not have a state-wide Quality Rating and Improvement System (QRIS); several counties have their own locally designed systems. The QRIS in Miami-Dade County is Quality Counts which is funded by The Children’s Trust in partnership with ELCMDM. It is administered in collaboration with Florida International University, Family Central Inc., Devereux Florida, The Children’s Forum, and the United Way Center for Excellence in Early Education. Quality Counts addresses two main areas: Learning Environment and Staff Qualifications



## Establishing a Path to Success—A Plan for Integration

South Florida's integration activities were driven by regional opportunities, partnerships, and funding to support embedding and aligning HEPA standards into the South Florida ECE system. South Florida has worked in multiple areas of the CDC Spectrum of Opportunities, though the focus has been predominately in three areas.

1. **Facilities Level Interventions** to train child care providers about healthy eating and structured physical activity and build a cadre of trainers equipped to provide technical assistance and referral to HEPA trainings.
2. Integrate HEPA criteria into Quality Counts, the county's **Quality Rating and Improvement System (QRIS)**.
3. Collaborate with community partners through **Emerging Opportunities** designed to align standards and messages and maximize resources.



Figure 5: State Areas of Focus within the CDC Spectrum of Opportunities

ELCMDM leveraged the Consortium for a Healthier Miami-Dade's Children Issues

Committee in lieu of convening a formal stakeholder group to guide ECELC integration activities. The ECELC Project Coordinator for South Florida is a member of the Committee, allowing ELCMDM to leverage existing relationships to support implementation of the ECELC project. The Committee is composed of approximately 30 public and private stakeholders in the fields of health and wellness who meet monthly to address health-related issues, including childhood obesity prevention.

## Integration Activities

### FACILITY LEVEL INTERVENTIONS

Soon after ELCMDM began its implementation of the National ECELC project, the organization identified Health Foundation of South Florida (HFSF) as a possible funder of integration activities. HFSF has a history of awarding moderate size grants, and one of their priority areas, Healthy Eating Active Communities, aligned directly with the goals of the National ECELC project.

ELCMDM submitted a proposal for the Early Childhood Education Structured Physical Activity (ECESPA) project, which uses the Coordinated Approach to Child Health (CATCH) program. ELCMDM proposed to provide 165 low-income child care centers in Miami-Dade and Broward Counties with portable play equipment and CATCH training. The project goal is to provide ECELC participants with more physical activity training and materials and to serve more ECE programs than could otherwise be reached by the ECELC. In December 2015, HFSF awarded ELCMDM a \$160,089 two-year grant.

The ECESPA project launched in March 2016 and will include five (5) learning sessions in 24 months for 165 ECE providers (~33 providers per session). Providers will be trained on the CATCH curriculum aimed at producing at least 60 minutes of daily structured physical activity for preschoolers. The training is open to any ECE program with at least 50 children, including past or current ECELC participants. In addition, the ECESPA project will provide each center with portable play equipment, 2-hour family training workshops, and 2 hours of on-site follow up technical assistance. ECELC trainers and Quality Counts Quality Improvement

### Factors for Success in South Florida

- County stakeholders' support of the National ECELC project and collaboration to support alignment of messages and HEPA standards
- Additional funding opportunities for expansion of ECELC
- QRIS in place and readiness of administrators for re-launch of the standards

Specialists (QIS) provide the follow up technical assistance. ECE staff will receive CEUs for the training as an incentive to participate. Trainers and specialists are trained on how to teach the CATCH curriculum and provide center-based health and wellness monitoring and technical assistance. This approach will build a cadre of trained staff that will sustain the availability of ECE specific health and wellness training beyond the length of the HFSF grant.

In July 2016, in partnership with the CATCH Train-the-Trainer Academy, the first of five learning sessions was held. As of February 2017, 55 centers have been trained, 22 of which are participating in Quality Counts and 26 of which are present or former ECELC participants. ECE programs will continue to be trained through early 2018.

## **QUALITY RATING & IMPROVEMENT SYSTEM (QRIS)**

In summer 2015, the National ECELC project coordinator began to collaborate with Quality Counts administrators within ELCMDM about the possibility of enhancing the QRIS by integrating a Health and Wellness component. Quality Counts administrators, as well as staff from The Children's Trust, agreed to develop a framework for a Health & Wellness component for Quality Counts. An initial framework for the Health & Wellness component was developed in spring 2016, and the project coordinator met with the Director of Quality Counts to review criteria and supports. Planning discussions are ongoing and it was determined that Health & Wellness will be added to Quality Count's Supplemental Guidelines for Quality Improvement<sup>32</sup> when Quality Counts launches its 3.0 standards in late 2017. Currently, there are 397 Quality Counts sites in Miami-Dade County. The new standards, as well as the new Health & Wellness Supplemental Guidelines (voluntary, best practice recommendations), will apply to both existing and new Quality Counts programs. The project coordinator is currently drafting the Level of Quality guidelines to prepare for the launch.

To leverage QRIS and integrate health and wellness into Quality Counts in the meantime, the project coordinator identified opportunities to train and provide resources to Quality Counts Quality Improvement Specialists (QIS), as well as participating Quality Counts centers, on HEPA topics. In April 2016, the project coordinator proposed to Quality Counts partners (United Way, Family Central and Florida International University) that the new HFSF grant funding be leveraged to train Quality Counts QIS staff on how to observe and report whether Quality Counts centers are engaging their preschoolers in 60 minutes of daily structured physical activity and providing healthy nutrition. Then, if a QIS observes that centers are not implementing these practices, they will be equipped to offer TA to centers that have participated in a health and wellness training (e.g., ECESPA project, ECELC project) or refer them to health and wellness training if they have not already participated in one. QIS will share information learned (via completed checklists) with the project coordinator for data collection and analysis to understand TA needs in HEPA areas.

Seven QIS staff and three ECELC trainers have been trained, and QIS will observe their Quality Counts providers as a part of their regularly scheduled technical assistance/monitoring visits beginning in March 2017. These trained QIS will monitor, assess and refer centers for additional training related to structured physical activity. The remaining five QIS who have not undergone training will receive training in August 2017.

## **EMERGING OPPORTUNITIES**

### **Help Me Grow (HMG)**

HMG is a national initiative that helps to identify children at-risk for developmental or behavioral disabilities and connects their families with community-based programs. In South Florida, HMG is a division of Switchboard 211 Miami, administered by the Jewish Community Services of South Florida. In February 2016, the South Florida project coordinator and the ELCMDM Director of Research, Evaluation & Assessment met with the HMG leadership team to discuss the integration of childhood obesity prevention/intervention into referral services. This strategy will allow the National ECELC project influence a broad referral system that connects families, ECE programs, health care providers and community agencies to support children's healthy weight.

After the early 2016 meeting with HMG, the South Florida Project Coordinator developed a framework for the referral system. The framework includes: 1) the development and use of a Miami-Dade County online Childhood Obesity Prevention/Intervention Resource Guide listing organizations providing services related to HEPA best practices, health care providers and practitioners, and 2) advocacy for Miami-Dade County pediatricians to refer families to HMG if their 0-5 year old is identified as overweight or obese. HMG has added a question to their intake: "Are you concerned about your child's weight, level of physical activity, and/or eating habits?" If a parent

answers “yes,” and the child is 0-5 years old, then HMG will conduct a needs assessment. Based upon that needs assessment, the parent will be warm-transferred to one or more of the organizations listed in the Childhood Obesity Prevention/Intervention Resource Guide for follow-up services. Follow-up may include HEPA Training (for both family and provider) and/or group consultation with a dietitian/nutritionist.

In summer/fall 2016, HMG experienced leadership changes resulting in a delay. ELCMDM remains committed to partnering with HMG to move forward, and in January 2017, established a partnership with Hope for Miami, FLIPANY and the Consortium For A Healthier Miami Dade’s Children Issues Committee to develop the Childhood Obesity Prevention/Intervention Resource Guide. This group will continue to work toward integrating obesity intervention referral services for 0-5 year olds into HMG.

### YMCA of South Florida

In March 2016 leaders from ELCMDM and YMCA of South Florida met to discuss how to maximize childhood obesity prevention efforts in South Florida. The organizations explored adapting the YMCA’s HEPA Standards to align with *Caring for Our Children, Preventing Childhood Obesity* standards. The group also discussed how to share training on those standards with ECE programs and community partners. The organizations aimed to start work locally that could expand statewide and nationally.

In fall 2016 ELCMDM, developed a HEPA standards adaptation for infant, toddlers and preschoolers. In follow up meetings with the YMCA of South Florida, it was determined that ELCMDM and the YMCA would co-brand the adapted standards and seek funding to provide a “circle of services” that will target ECE programs, teachers and families, including:

- **Training:** 2 hour, quarterly, community-based informational trainings for Miami-Dade, Monroe and Broward County ECE providers designed to promote the implementation of HEPA standards to providers who have not participated in ECELC or ECESPA. Participants at the community-based trainings will be presented an overview of HEPA standards, hear how HEPA standards have been implemented and helped to improve ECE programs, and will learn about incentives available for participating in HEPA training. Participants will also be provided an overview of ongoing HEPA trainings taking place in South Florida (e.g., ECELC, ECESPA) and information about how to register. The training providers for each of the counties and associated CEUs for participation are being determined.
- **Incentives for providers and families:** YMCA discounted health and wellness services will be provided to ECE teachers and families that participate in HEPA training, with the purpose of providing an opportunity for teachers and families to improve their health and model healthy lifestyle behaviors to children. ECE programs that participate in HEPA training will be listed in the state-wide recognition program currently being developed. The recognition will provide incentive for providers to undergo HEPA training and provide families with a list of centers to choose from that are meeting HEPA best practices.
- **Public awareness campaign:** In 2017, YMCA and ELCMDM will develop a public awareness campaign to promote the revised HEPA standards to families and communities. The campaign will include: public service announcements, billboards, social media, posters and flyers.

In late 2017, ELCMDM and the YMCA will work together to finalize the adapted HEPA standards and will co-brand materials. The organizations will also seek funding for the campaign and explore what other opportunities may exist within Florida to further leverage the initiative.

## Challenges to Integration

In South Florida, the pace of integration activities has been slow. In some instances (e.g., HMG), leadership changes have necessitated regrouping with new staff and confirming priorities. With other integration activities, the pace has been determined based on previously determined timelines. For example, ELCMDM’s collaboration to integrate Health & Wellness into Quality Counts will take place with the full re-launch of Quality Counts in late 2017.

Florida’s county-by-county administration of ECE systems makes it to influence state-level ECE systems. The differences that exist from one county to the next create challenges to collaboration as each county is working within a different set of priorities and programs. Influencing systems-level change in a regionally and local-driven context (e.g., QRIS) makes it difficult to integrate HEPA best practices and opportunities that will influence ECE

providers statewide. ELCMDM has made progress influencing initiatives and systems regionally in South Florida, with an eye towards bringing those changes or information to the state level to help overcome this challenge.

Finally, ELCMDM attempted to implement ECELC in Miami Public Schools as a strategy to reach more providers and children and to integrate HEPA practices into the public school system, a segment of the ECE system not previously impacted by the ECELC project. Challenges were encountered and important lessons were learned. Most notable, there were gaps in communication between program administrators and the teachers participating in the ECELC project. Many teachers were unclear about expectations of participation. This, coupled with inconsistent attendance at learning sessions and limited availability to participate in technical assistance, posed challenges for the project. ELCMDM will use these lessons learned to refine the approach for working with public school systems in the future.

## Lessons Learned

While it has been possible for ELCMDM and stakeholders to leverage partnerships and systems to integrate HEPA best practices, the progress has been regional and not statewide. It will be important for stakeholders to remain informed about state-level proposals and plans as they align and integrate local and county effort, and to help advocate for deepening the commitment to supporting HEPA best practices on the state level. Taking successes and lessons learned from South Florida's regional implementation could be an important advocacy tool for change statewide.

With the intersection of ECE and childhood obesity prevention, there is a strong need for coordinating agencies to be strategic about the convening and use of a stakeholder group to support the integration of HEPA best practices into systems. The stakeholder group will need concrete areas of focus for which they can provide insight and recommendations, and will also need to be kept aware of all state level activities to ensure a coordination approach for planning and integration.

In working with pre-kindergarten classrooms located in public schools, it may be necessary to work first at the administration level to impact things like school menus, feeding approaches in elementary schools, physical education for children under 5 and teacher training. Depending on the level of control a principal has, it may be difficult to implement best practices within any given elementary building without a larger, district-wide approach to all pre-kindergarten classrooms.

Finally, in Miami it has been demonstrated that partnering with other child and family serving programs such as YMCAs and HMG, may be integral to sustainability.

### Glossary of Key Terms

13. **Early Learning Coalition (ELC)** – A county level entity that provides training, subsidy administration and information to ECE programs, parents and stakeholders in the community.
14. **Florida Department of Children and Families (DCF)** – The Florida state agency overseeing child care licensing and training requirements for ECE providers.
15. **Florida Office of Early Learning (OEL)** – The Florida state agency overseeing the 30 county early learning coalitions
16. **Florida Department of Health (DOH)** – The Florida state agency overseeing chronic prevention and disease.
17. **Quality Counts (QC)** – Miami-Dade County quality rating and improvement system.



# Indiana

## Implementation Partner: Early Learning Indiana<sup>33</sup>

### Case Study

Participation in National ECELC: 2013-2016

ECE programs trained<sup>34</sup>: 161

Children served by trained programs: 20,780

Spectrum of Opportunities areas of focus:

- **Quality Rating and Improvement Systems (QRIS)** – Provide ongoing support for integration of HEPA practices into QRIS and recommendations for best practice standards.
- **Pre-Service & Professional Development** – Collaborated with partners to expand professional development offerings that focus on HEPA topics, and leveraged existing opportunities (e.g., conferences) to provide ECE programs with HEPA information.
- **Funding & Finance** – Secured private funding which allowed for the expansion of the reach of the National ECELC project and evaluation of the effectiveness of different service delivery models for HEPA training

## Setting the Stage

Nemours identified Indiana as a state implementation partner in 2013 during the development of the National ECELC proposal to the Centers for Disease Control and Prevention (CDC). Indiana had high preschool overweight and obesity rates, large numbers of early care and education (ECE) programs, and existing efforts to prevent childhood obesity via ECE settings. The Indiana Association for Child Care Resource Referral (IACCRR) was the state implementation partner until fall 2016, at which point Early Learning Indiana assumed responsibilities for the agency including oversight of the National ECELC project. This was a transition administratively for both state leaders and providers, and also provided an opportunity to explore new strategies for integration. The state project coordinator at IACCRR joined Early Learning Indiana, an organization that is growing its focus on quality improvement and is considering ways to strategically integrate healthy eating and physical activity (HEPA) into facets of their quality improvement efforts.

### Did you know?

***In Indiana, among low-income children aged 2 to 5 years old, nearly 16.6% are overweight and 14.2% are obese.***

Source: CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS).

## State and Regional Efforts Addressing Childhood Obesity

The Indiana Healthy Weight Initiative, launched in 2008, is a coalition of public and private stakeholders working together to promote the health and wellness of communities in Indiana. The group focuses on policy, systems and environment changes as levers to encourage healthy lifestyles of individuals.

In 2010, a task force for the Initiative, under the Indiana State Department of Health, developed Indiana's *Comprehensive Nutrition & Physical Activity Plan, 2010-2020*. Early childhood/child care is one of the primary focus areas within the plan and continues to be central to the Indiana Healthy Weight Initiative's strategy to empower "Whole School, Whole Community, Whole Child" efforts in Indiana. As stated in the plan, there are six early childhood/child care objectives, including 1) by 2014, provide training and technical assistance to parents, early care and education providers, and others that focus on nutrition, physical activity, and lactation support in child care settings; 2) by 2014, add nutrition, physical activity, and television viewing recommendations for early childhood settings into the formal and non-formal Child Development Associate (CDA) training; 3) by 2020, encourage the addition of nutrition, physical activity, and television viewing to the licensing requirements for child care providers; 4) by 2016, include basic nutrition and physical activity



requirements for unlicensed child care providers in the Child Care and Development fund (CCDF) voucher program provider eligibility standards; 5) by 2014, include standard nutrition, physical activity, and television viewing requirements in the Paths to QUALITY rating system standards; and 6) from 2010-2016, increase participation in the Child and Adult Care Food Program (CACFP) among licensed child care centers, licensed child care homes, and unlicensed ministries by 2% each year.<sup>35</sup>

In 2014, public and private organizations and business leaders came together to launch Jump IN, and while this is a regional initiative of central Indiana, resources and information learned from Jump IN are shared with stakeholders across the state. Jump IN is “a community-wide effort to empower kids in Central Indiana to live healthier lives.”<sup>36</sup> In fall 2015, the group undertook a thorough inventory of community efforts and then developed a set of recommended strategies and interventions related to nutrition and physical activity. Jump IN focuses in three core areas—Healthy Places, Healthy Neighborhoods, and Healthy Communities—and works to make connections and align stakeholder activities and goals for coordinated progress. Jump IN’s efforts include training for ECE providers, and the organization has collaborated closely with IACCRR to collect data and information that can inform the spread and scale of HEPA trainings across the state.

Indiana was selected in fall 2015 by Child Care Aware of America to participate in the Healthy Child Care, Healthy Communities initiative through August 2017. Through this initiative—under the lead of IACCRR—the state receives support from Child Care Aware to implement systems-level change strategies that will have an impact on child health. As part of participation, Indiana stakeholders reviewed existing policies and practices related to obesity prevention in ECE settings and will work together to develop a plan to enhance healthy practices in child care settings across the state. Child Care Aware also provided assistance to Indiana to integrate health-focused strategies within the state’s 2016-2018 CCDF state plan.

## State Efforts to Improve Early Care and Education

Indiana’s quality rating and improvement system (QRIS), Paths to QUALITY, has been in place since 2008 to help ECE providers enhance program quality. Paths to QUALITY is a tiered, voluntary system, and includes coaching and technical assistance to help ECE providers meet program improvement goals. Currently, there are no standards within Paths to QUALITY that align with best practices for obesity prevention, and health and safety standards addressed are basic (e.g., diapering, hand washing).<sup>37</sup> Additionally, according to the Center for Disease Control and Prevention’s (CDC) *Early Care and Education State Indicator Report 2016*, Indiana has no “high impact obesity prevention standards” within the state licensing regulations. In 2015, Indiana planned to work toward revisions to licensing for family child care providers, with an intent to integrate a focus on the achievement of HEPA practices. However, with changes in federal policy there was a shift in focus at the state level as well. With the requirements laid forth in the Child Care and Development Block Grant (CCDBG), the state shifted its priorities to focus on compliance with CCDBG rather than revisions to licensing regulations.

In 2013, at the time when IACCRR was partnering with Nemours for the ECELC project, the Early Learning Advisory Committee (ELAC) was established by the Indiana General Assembly to help ensure that young

## Timeline

### 2008

- Indiana Healthy Weight Initiative launched

### 2010

- Indiana DOH released *Indiana’s Comprehensive Nutrition & Physical Activity Plan, 2010-2020* which included objectives specific to ECE

### 2013

- Indiana joined National ECELC project and launched first cohort of collaboratives

### 2014

- Jump IN launched
- Second cohort of collaboratives launched

### 2015

- Indiana selected to participate in Healthy Child Care, Healthy Communities initiative with Child Care Aware (through 2017)
- Third cohort of collaboratives launched
- Additional central Indiana collaborative launched with assistance from Jump IN and funding from Anthem Foundation
- IACCRR awarded CHEP grant to evaluate central Indiana collaborative

### 2016

- Early Learning Indiana assumed role of IACRRA and begins to oversee National

children, birth to age 8, have access to affordable high-quality early childhood experiences. This group of public and private partners includes seven workgroups each focused on specific facets of the ECE system (e.g., Family Engagement, Data Coordination, Workforce). There is also a Child Development and Well-Being Workgroup on which the State Project Coordinator serves. The workgroup explores topics related to children's health and wellness and makes recommendations to the ELAC regarding policies (e.g., licensing regulations) and practices to support statewide. Additionally, in fall 2016, the workgroup began development of a white paper detailing the importance of child health, nutrition, and physical activity and the importance of collecting data in these areas. The white paper will be shared with the ELAC for discussion and planning purposes.

## Establishing a Path to Success—A Plan for Integration

The integration of HEPA best practices into statewide ECE systems became a focus of IACCRR's participation in the National ECELC, and has continued to be at the forefront of planning under Early Learning Indiana. Jump IN leveraged grant funding from United Way of Central Indiana to reach additional providers with trainings and initiatives to support HEPA best practices. IACCRR, and now Early Learning Indiana, maintain relationships with state stakeholders and involvement with state planning groups and advisory committees to help advance ECE program quality with particular attention to HEPA topics. While Indiana has worked in multiple areas of the CDC Spectrum of Opportunities, the focus has been predominately in three areas.

1. Support integration of HEPA best practices into updated version of state **quality rating and improvement system (QRIS)**.
2. **Expand professional development** opportunities through tools, trainings, and collaboration.
3. Leverage **funding** to expand the reach of the learning collaboratives.

Neither IACCRR nor Early Learning Indiana formed its own stakeholder group for the purpose of planning integration activities, though there are mechanisms in place that have been leveraged to communicate and coordinate with stakeholders. The IACCRR Director of Child Well Being was the chair of the Indiana Healthy Weight Initiative's Child Care Workgroup, and the National ECELC State Project Coordinator, initially under the supervision of IACCRR and currently under the supervision of Early Learning Indiana, serves on the Steering Committee. In lieu of having a formal stakeholder group, the Indiana Healthy Weight Initiative has provided opportunities for input and partnership during the course of implementation of the National ECELC project and support of systems integration of HEPA activities. Additionally, the Indiana State Project Coordinator is the Chair of the Indiana Healthy Weight Initiative Steering Committee for 2017.



Figure 6: State Areas of Focus within the CDC Spectrum of Opportunities

## Integration Activities

### QRIS

Revising Indiana's quality rating and improvement system (QRIS), Paths to QUALITY, into a more robust system with revised standards has been a focus of state ECE stakeholders in recent years, and upgrading Paths to QUALITY is in the State Administrator's strategic plan, with a goal of revisions complete by 2019 (revised from the plan's original 2018 timeline). This also relates to a key objective within Indiana's *Comprehensive Nutrition & Physical Activity Plan, 2010-2020*, that by 2014, nutrition, physical activity, and screen time standards would be included in the system. While this was not accomplished by 2014, state stakeholders continue to focus on



improving the state's QRIS. The ELAC Child Development and Well-Being Workgroup, on which the IACCRR Director of Child Well Being served, and the state project coordinator currently serves alongside the Early Learning Indiana's Senior Director for Partnerships for Early Learners, has been and will continue to be instrumental in providing information and guidance to inform the inclusion of HEPA standards in Paths to QUALITY.

Additionally, in early 2016, Early Learning Indiana secured funding to hire a grant-funded Paths to QUALITY fellow. This has allowed Early Learning Indiana to have a robust role supporting providers and stakeholders through brief writing and policy guidance, as well as the re-design of Paths to QUALITY provider workbooks. Early Learning Indiana leveraged the fellow to focus on HEPA topics (e.g., in briefs, provider workbooks) as part of a strategy to promote change at the provider-level while simultaneously working to support system improvements and integration at the state level.

## PRE-SERVICE & PROFESSIONAL DEVELOPMENT

Throughout its participation in the ECELC project, IACCRR and stakeholders in Indiana focused on identifying ways to increase trainings throughout the state that focus on HEPA topics.

### Infant/Toddler Feeding Training

In July 2015, state stakeholders identified the need for infant toddler feeding training after acknowledging that regulatory authorities, as well as licensing specialists and Paths to QUALITY specialists in the state, were communicating inconsistent messages regarding infant and toddler feeding. IACCRR helped to identify key partners to inform the development of training content. Stakeholders were convened and each attendee brought standards, regulations and guidelines specific to the work of their organization for the group to discuss. Indiana Breastfeeding Coalition, Child Care Workgroup and IACCRR then worked together to develop a one-hour training for providers. The training launched in late 2015 and continues to be successfully implemented across the state by Infant Toddler Specialists. Trainings are conducted in-person only and participants may receive training hours for licensing upon completion.

In early 2016, the State Breastfeeding Coordinator with the Indiana Perinatal Network began to collaborate with the IACCRR Director of Child Well-Being and Infant/Toddler Specialists with local CCRRs to identify strategies for breastfeeding support in child care settings. "How to Support Breastfeeding Mothers & Families: A Simple Guide for Indiana Child Care Providers" is in the process of being updated to reflect best practice recommendations and a new, innovative online platform training format will be complete in 2017.

### Family Engagement Toolkit

In 2015, IACCRR worked with the ELAC Family Engagement Workgroup to develop a self-assessment tool for ECE programs, *Indiana Early Childhood Family Engagement Toolkit*. The toolkit helps programs understand where they are and how they can improve practices and policies to engage families. The tool was initially implemented as part of Taking Steps to Healthy Success (the National ECELC project in Indiana) and was integrated into each learning session to bridge HEPA topics with family engagement strategies. The tool is broadly framed to help enhance family engagement strategies related to HEPA and non-HEPA topics, and it is available to all providers in Indiana regardless of whether they are participating in the ECELC. It may be used self-guided or with assistance from a Paths to QUALITY coach. In October 2016, IACCRR held a training with Paths to QUALITY coaches that support local service delivery areas to help prepare them for providing technical assistance to programs using the tool. This training will allow coaches to deepen their work with providers to improve family engagement strategies, including those related to HEPA topics, particularly as the state improves Paths to QUALITY in coming years.

### Factors for Success in Indiana

- State level advisories and workgroups committed to the integration of HEPA into state systems
- A focus within the state plan on system-level improvements (e.g., QRIS)
- Availability of funding to expand the reach of the learning collaboratives and evaluate effectiveness of different types of delivery models

## Conferences

IACCRR played an active role in helping to incorporate obesity prevention topics into state and local conferences. This was an important strategy to enhance knowledge, and set a precedent for the inclusion of HEPA topics in learning opportunities across the state. In fall 2015, IACCRR helped to coordinate the Indiana Infant Toddler Institute, and included obesity prevention as one of the key topics. A featured speaker, Dr. Blake Jones, presented on “Understanding the Factors that Influence Obesity and Sleep in Infants and Toddlers: The impact of Daily Routines, Family Processes and the Home Environment” and an additional workshop addressed strategies for collaborating with families to increase successful feeding for infants and toddlers. Early Learning Indiana will continue to plan this institute and ensure that HEPA topics are included in workshops or presentations at state and local conferences going forward.

## FUNDING & FINANCE

In 2015, Jump IN received funding from United Way of Central Indiana—via a grant from Anthem Foundation—to support development of an additional learning collaborative in central Indiana. IACCRR worked with Jump IN to leverage this outside funding to expand the reach of the National ECELC project. The collaborative builds upon the ECELC model by including key content and materials from the “OrganWise Guys.” Fifteen additional providers were served through this opportunity.

IACCRR secured funding in 2015 through a Community Health Partnerships (CHEP) grant that provided funding for a third party evaluation of the additional collaborative that was implemented in 2015-2016 (as well as cohort 3). This outside funding provided additional opportunity to learn through implementation of the collaboratives in central Indiana. Data from the study will provide information about the effectiveness of different service delivery models for HEPA training. This information will allow stakeholders to more effectively advocate for funding, design interventions, and expand the reach and scope of HEPA training offered across the state. This is an important factor for integration, as data creates the case for continued and increased funding and focus in this area. Additionally, regional child care resource and referral agencies and statewide partners will have information to inform how and through what methods they support ECE providers’ achievement of HEPA best practices. The study was overseen by Ball State University and research was complete in 2016, with results from the study expected in late 2016.

Finally, with the funding provided through United Way to Jump IN, Early Learning Indiana is helping to plan a two-day conference training event for ECE providers on health and wellness. This event, which is being planned for early 2018, will bring together past participants from the National ECELC project as well as other providers interested in advancing their knowledge related to HEPA topics. Expanding and integrating the availability of HEPA training into professional development opportunities – particularly after programs have completed a HEPA intervention such as the National ECELC project – is essential to ECE programs’ continued efforts to implement HEPA best practices.

## Challenges to Integration

Like many states, the pace at which systems-level change takes place in Indiana can be slow. State level administrators are beginning to shift more attention to early childhood, though mostly focused toward pre-kindergarten. While this is a step in the right direction, there is a need for continued and growing attention on the health and wellness of young children birth to age 5. ECE stakeholders have had to think strategically about how to message the importance of early childhood and emphasize its importance among the many priorities of state leaders. State leaders are also rethinking how they work with statewide (e.g., Early Learning Indiana) and local organizations, which provides an opportunity for new dialogue and charting paths forward that are built on collaborative approaches and understanding.

In recent years, Indiana has seen some turnover in state leadership (e.g., State Administrator) which may have also contributed to the slow pace of change and shifting priorities as has been experienced with an extended timeline on revisions to licensing regulations and Paths to QUALITY standards. In addition, the 2016 transition of ECELC responsibilities from IACCRR to Early Learning Indiana also resulted in a necessary regrouping in which Early Learning Indiana assumed roles from IACCRR and simultaneously planned its own strategic direction. With these transitions come new opportunities to explore integration opportunities.

# Lessons Learned

When beginning integration activities, focus on “low-hanging fruit” to achieve early wins and to share successes with stakeholders to enhance buy-in. Recognize that it’s not possible to focus on all areas of the Spectrum of Opportunities at once. It is important to prioritize and be aware of the process and pace of those priorities. For IACCRR, some of the easy wins were found in the integration of HEPA topics into training opportunities. Broader system level change (licensing and QRIS) related to HEPA strategies has not yet been achieved, though the focus remains at the forefront for Indiana stakeholders.

Provider practice change can take significant time and building relationships is key to success. Invest time in collaborating with stakeholders and providers, and balance systems-level change (e.g., changes to regulations and legislation) with on the ground support provider-by-provider to help ECE programs implement HEPA best practices. Consider a long-term approach that builds multiple avenues of supports for programs currently engaged in HEPA interventions. For example, identify strategies to integrate HEPA topics into recurring and widely attended conferences and professional development opportunities.

It is important to help stakeholders see the value in HEPA as part of ECE program quality, particularly as it relates to licensing regulations and QRIS standards. With potential changes in leadership priorities at the state and local levels, maintaining a system in which HEPA is embedded into the status quo will help to ensure its longevity as part of that system. Garner information and data that builds the case for the importance of HEPA training and the integration of HEPA topics into the state system.

## Glossary of Key Terms

- 18. *Early Learning Indiana* – State implementation partner for the National ECELC project (as of October 2016), and organization providing early childhood education services to ECE providers in Indiana.
- 19. *Community Health Partnerships (CHEP)* – Organization that helps to bridge community-university partnerships for the purpose of improving community health. CHEP provides grants to organizations to advance this mission.
- 20. *Indiana Association for Child Care Resource and Referral (IACCRR)* – Prior state implementation partner for the National ECELC project (up until October 2016).
- 21. *Indiana State Department of Health (DOH)* – Lead agency overseeing the development of Indiana’s *Comprehensive Nutrition & Physical Activity Plan, 2010-2020*.
- 22. *Jump IN* – Central Indiana obesity prevention initiative.

# Kansas

## Implementation Partner: Child Care Aware of Kansas

### Case Study

**Participation in National ECELC:** 2013-2016

**ECE programs trained<sup>38</sup>:** 155

**Children served by trained programs:** 9,889

**Integration areas:** Technical Assistance

## Setting the Stage

In 2013, Kansas was experiencing a high prevalence of overweight and obesity among preschool age children. In response, childhood obesity prevention efforts were underway within the ECE and child health sectors. During this same period, Nemours Children's Health System was identifying states and partner organizations with which to launch the National Early Care and Education Learning Collaboratives (ECELC) Project, funded by the CDC. Nemours selected Kansas, and Child Care Aware® of Kansas (CCAKS) as a partner organization to implement the ECELC model. CCAKS works to ensure that families have access to affordable, high-quality child care across the state through child care referrals and consumer education and the agency supports four CCR&R agencies through regular communication, funding, on-going training and technical assistance, and monitoring. CCAKS sits in a unique position within the state, allowing them to work closely with ECE staff, families, early childhood stakeholders as well as state and local government to strengthen the overall quality of ECE programs.

Since launching the ECELC in Kansas four years ago, several contextual factors and opportunities have enabled CCAKS to expand and integrate HEPA best practices into ECE systems in the state.

### Did you know?

***13.0% of low-income children in Kansas ages 2-4 are obese and 15.7% are overweight.***

*Source: Trust for America's Health and Robert Wood Johnson Foundation. The State of Obesity 2015. Washington, D.C.: 2015.*

## State Efforts Addressing Childhood Obesity

Child Care Aware® of Kansas launched an obesity prevention strategy in 2005; they provided tools to ECE providers to support healthier meals and increase physical activity. In 2006, funded by the Kansas Health Foundation and United Methodist Health Ministry Fund, CCAKS administered the Healthy Kansas Kids project, a statewide health and wellness project to engage ECE programs, children, families and communities in making positive lifestyle changes around healthy eating and physical activity. From 2006 to 2009, that project enrolled 452 ECE providers in Healthy Kansas Kids which provided technical assistance, parent engagement resources, grants, and professional development events related to nutrition, oral health, physical activity, nature play, and outdoor play environments. Evaluation data showed that the project successfully impacted ECE settings and provider practices, especially related to physical activity, nutrition education and play environments. In 2012, CCAKS was funded to evolve Healthy Kansas Kids into the Kansas Early Child Wellness Project, allowing them to reach more providers.

The Kansas Health Foundation, a private health foundation, is also a strong supporter of early childhood health and wellness in the state. Their mission is to improve the health of Kansas in four key areas: physical activity, healthy food access, civic engagement, and tobacco use. The foundation has supported the ECE work of many organizations including Children's Mercy Hospital, Kansas Action for Children, CACFP, CCR&R regional offices, American Heart Association, and Kansas Extension office.

## State Efforts to Improve Early Care and Education

Across the state, over 85% of children from birth to age five are enrolled in ECE programs (child care—centers and homes, Head Start, Early Head Start, preschool). As such, Kansas has directed a variety of funding sources

and efforts toward ECE. The Kansas Early Childhood Advisory Council, a governor-appointed council, is made up of over 20 leaders representing health, early intervention, early care and education, home visitation, family supports, advocacy, private foundations, businesses, and the governor's office. This advisory council provides continued support to local systems planning, and policy recommendations. They also provide input to the state council for the Kansas CCDF plan and project LAUNCH initiative.

In 2005, Child Care Aware of Kansas launched the Kansas Quality Rating system (KQRS). The system was based upon the rating system that originated in Colorado's Qaulistar. In 2012, 11 counties participated in the system and currently one county, Shawnee, is participating. In 2017, The Department for Children and Families will seek a contractor to deliver the Technical Assistance to support the Links to Quality Field Test.

The Kansas Children's Cabinet and Trust Fund is focused on improving the health and wellbeing of at-risk children and families through funding and evaluating children's programs. The activities of the Children's Cabinet are guided by their Blueprint for Early Childhood and administration of the Kansas Early Childhood Block Grant.

## Establishing a Path to Success— A Plan for Integration

CCAKS was funded in the first year of the ECELC project. The ECELC Curriculum was delivered and branded as Step It Up: Taking Steps to Healthy Success. After successfully managing ECE learning collaboratives for a year, both the Nemours and CCAKS staff began to explore opportunities for integrating healthy eating and physical activity (HEPA) best practices into broader state systems. Nemours and CCAKS prioritized integration opportunities in an effort to ensure that past ECELC participating programs would have access to long-term resources and support for their action plans for improving policies and practices. Additionally, expanding supportive state systems and resources meant that ECE programs that couldn't be reached by the ECELC would have some exposure and support for improving HEPA practices in their ECE settings. With guidance from Nemours and employing the CDC's Spectrum of Opportunities framework, CCAKS began developing an integration plan at the end of 2014. The plan was informed by CCAKS' experiences and lessons learned directly working with ECE providers through the ECELC in addition to input from local stakeholders. Stakeholders included partners from both state and community organizations.

While CCAKS identified opportunities across all areas of the CDC Spectrum of Opportunity, their focus has been mainly on incorporating HEPA into **technical assistance** support offered to ECE providers in other quality improvement initiatives.

### Timeline

#### 2005

- CCAKS launched an obesity prevention strategy

#### 2006 – 2009

- CCAKS runs Healthy Kansas, reaching 452 Child Care Providers

#### 2012

- Healthy Kansas Kids evolves into Kansas Early Child Wellness Project

#### 2013

- Kansas selected to join National ECELC project and launches cohort 1

#### 2014

- CCAKS launched learning collaboratives with family child care providers

#### 2015

- CCAKS created the State Breastfeeding Friendly Child Care Designation
- CCAKS launches *Think Big! Start Small*



Figure 7: State Areas of Focus within the CDC Spectrum of Opportunities



# Integration Activities

## Technical Assistance

### *Weighing-In Early Child Care Work Group*

In 2013, Child Care Aware of Kansas partnered with Children's Mercy Hospital, the American Heart Association, and the Family Conservancy in an initiative to enhance the collective capacity to increase healthy lifestyles in ECE programs. CCAKS worked with the 12345 Fit-tastic team at Children's Mercy Hospital to help programs complete their MAPPS (**M**essage, **A**ssessment, **P**lan, **P**olicies, **E**nvironment, and **S**tatistics/**S**uccess **S**taories) and then update them annually, helping them stay accountable to their goals. The workgroup remains active, and is tasked with sharing information and resources to support early childhood obesity prevention efforts in the Kansas City area.

### *State Breastfeeding Friendly Child Care Designation*

In 2015, CCAKS worked with the Kansas Breastfeeding Coalition and the Child Care Licensing Division of the Kansas Department of Health and Environment to create a State Breastfeeding Friendly Child Care Designation for ECE providers. To receive the designation, child care providers need to meet five criteria that demonstrate a culture of breastfeeding support: environment, Community Educational Resources for Families, Individual Feeding schedule for infants, Policy creation, and Breastfeeding support for children and families professional development training. Information about the designation program was distributed by CCAKS to previous ECELC participants and wellness participants, CCAKS regional Child Care Resource and Referral offices, local breastfeeding coalitions, and CCAKS partner organizations. Information was also shared with providers then they received their temporary or renewal license through Kansas Department of Health and Environment.

Programs meeting the requirements submitted self-assessments to CCAKS. Programs that met the *Breastfeeding Friendly Child Care Designation* received a certificate, a window cling and recognition in the Provider Profile information that was distributed through the Child Care Aware® of Kansas Resource and Referral Center to families looking for child care. Specialists from CCAKS will continue to help guide applicants through the process to meet the five criteria for designation: When parents call looking for child care, CCAKS will be able to provide information on programs that have the designation.

### *Think Big! Start Small Campaign*

Kansas Action for Children worked with CCAKS to launch the *Think Big! Start Small* campaign, which targets workplace wellness both in and out of ECE settings. Every licensed childcare provider in Kansas was targeted by the messaging campaign, with a total reach close to 4,500 providers. The campaign provides resources such as coloring books, recipes, posters and magnets to ECE providers to share with the local community. Through the campaign, providers can take a voluntary online pledge stating they are committed to help make kids in Kansas healthier through making a few changes in their programs. As part of efforts to improve healthy environments for children birth to five, CCAKS developed a provider toolkit. The toolkit uses the ABC's of a Healthy Me<sup>39</sup> framework as a call to action for ECE providers to improve wellness in their program.

## Challenges to Integration

One of the largest challenges for CCAKS has been coordinating activities and measuring progress in the many ECE and childhood obesity prevention initiatives happening throughout the state. CCAKS has been able to connect with private and public partners to do ECE work, but there were also other community initiatives targeting the ECE audience. Other challenges included working with a wide variety of programs, including center based programs and family child care homes, in both rural and urban settings.

## Lessons Learned

A large factor in the success of integration work has been the ability to get foundations interested in funding ECE/HEPA work. These additional efforts

### **Expanding Step It Up: Taking Steps to Healthy Success to Family Child Care Homes**

In Kansas, 20% of licensed child care is in family child care.<sup>40</sup> Although family child care providers constitute the majority of the child care community, lower amounts of resources and technical assistance opportunities



are available. The General Mills Foundation, through a grant from Nemours Children’s Health System, and the Health Care Foundation of Greater Kansas City jointly provided funding to CCAKS to expand the ECELC project to these providers. CCAKS used the learning collaborative to build a stronger network among family child care providers. Additional support was provided by adapting and customizing the ECELC curriculum to enhance content learning. During implementation (fall 2014 to spring 2016) the initiative reached 45 family child care providers. CCAKS and funders partnered with Gretchen Swanson Center for Nutrition (GSCN) to evaluate Step it Up with family child care providers. The evaluation provided important information about strategies to support family child care providers and identified the needs of the community. CCAKS continues to expand its support for family child care providers by partnering with local agencies, including Children’s Mercy Hospital, Kansas Action for Children, CACFP, CCR&R regional offices, American Heart Association, Kansas Extension office to strengthen opportunities for family child care providers.

1305

CCAKS is working with the Kansas Department of Health and Environment (KDHE), Health Promotion to support them with meeting their 1305 physical activity goals for early childhood programs. In 2015, Kansas 1305 funds supported an analysis of Go NAP SACC data of child care providers participating in Early Childhood Wellness Quality Initiatives. In 2016, the funds will be used to support the ECELC collaboratives by funding the physical activity training portion as well as technical assistance and the purchasing of Kaplan activity kits.

In Kansas, it has been critical to identify whether an individual ECE programs is ready to engage in a program improvement effort. CCAKS learned that programs may WANT to participate in National ECELC but for a myriad of reasons aren’t ready to make changes. Trainers in Kansas learned that often ECE providers are engaged in other initiatives (i.e. QRIS), are struggling with staffing changes, are under new management or simply do not have the bandwidth to support making changes. Spending time trying to engage these programs and pushing them to make progress may not be a good use of resources. CCAKS is interested in seeing a readiness tool developed to help programs like National ECELC better select ECE programs to participate given the voluntary nature and limited resources.

One of the challenges to working with and relying on Child Care Resource and Referral (CCR&R) at the state level is funding. A majority of the CCR&Rs revenue come from CCDF funds, which can make work with ECE and HEPA complicated if funding levels change. In Kansas, the Infant and Toddler Network contract was awarded to a new entity. This change greatly reduced the capacity of CCAKS to work with trainers on HEPA and reduced their reach in providing quality initiatives to programs and providers. While the majority of financial support to CCAKS comes from CCDF, they do encourage their CCR&Rs to seek private partnerships and blend funding partners in order to enhance their work improvements.

Glossary of Key Terms

- 23. *Child Care Aware® of Kansas (CCAKS)* – State Implementing Partner of ECELC in Kansas
- 24. *Kansas Department of Health and Environment (KDHE)* – houses the Kansas Division of Public Health

# Kentucky

## Implementation Partner: Kentucky Department for Public Health, Obesity Prevention Branch

### Case Study

Participation in National ECELC: 2014-2016

ECE programs trained<sup>41</sup>: 154

Children served by trained programs: 14,367

Spectrum of Opportunities areas of focus:

- **Licensing & Administrative Regulations** – Collaborated with stakeholders to develop best practice recommendations for updates to licensing regulations, and continue to provide support for enhancing licensing regulations to include a focus on HEPA topics.
- **Pre-Service & Professional Development** – Developed four online modules to increase ECE providers' access to professional development on HEPA topics, and planed for the creation of a technical assistance package to enhance trainers across the state in their ability to support providers to implement HEPA practices.
- **Family Engagement** – Developed a train the trainer course for ECE credentialed trainers to support their ability to deliver a 2-hour 5-2-1-0 training to ECE providers and families, and included the course in the state's *5-2-1-0 Toolkit: Resources to Support Healthy Behaviors*

## Setting the Stage

Nemours identified Kentucky as a state implementation partner in 2014 as part of the second group of states in the National ECELC. Kentucky was one of three new states selected to join the ECELC project alongside the six already participating. The state was chosen through a competitive process based on high rates of childhood overweight and obesity in the state, capacity to support learning collaboratives, and potential for sustainability efforts in ECE and child health systems. Nemours saw an opportunity to leverage current work and partnerships in Kentucky to expand the National ECELC model to impact additional programs, providers, and children.

### Did you know?

***In Kentucky, among low-income children aged 2 to 5 years old, nearly 16% are overweight and 15.6% are obese***

Source: CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS).

## State Efforts Addressing Childhood Obesity

In 2012, through a CDC Communities Putting Prevention to Work (CPPW) grant, Kentucky stakeholders came together to launch a 5-2-1-0 public information campaign. The campaign encourages parents to adopt obesity prevention strategies for children. The Kentucky Department for Public Health, Kentucky Chapter of the American Academy of Pediatrics, Foundation for a Healthy Kentucky, and State Legislative Task Force on Childhood Obesity helped to establish the campaign. The campaign is centered on four key principles; eat 5 or more servings of fruits and vegetables each day, limit screen time to no more than 2 hours a day, get 1 or more hours of physical activity a day, and drink 0 sugar-sweetened beverages. Community-based organizations (e.g., child care, libraries, clinics, schools) can access a “5-2-1-0 Toolkit” and download posters, brochures, and pamphlets to share with parents. This campaign is evidence-based, built on stakeholder feedback, modeled after other states’ successful implementation and a key feature of KY’s childhood obesity prevention efforts.

The Partnership for Fit Kentucky (PFK), a collaborative group of public and private stakeholders, has also played a central role in shaping the obesity prevention vision in Kentucky. PFK was historically focused on worksite wellness, schools, and access to healthy foods and physical activity. Then, in 2010, PFK recognized the importance of focusing on young children and expanded its scope to include early care and education. An Early Care and Education Workgroup was formed that quickly recognized a need for change and developed Kentucky’s *Call to Action for Preventing Obesity in Early Care and Education*<sup>42</sup>, to provide a roadmap for KY’s work.

## State Efforts to Improve Early Care and Education

In 2013, Kentucky revised its early learning standards, *Building a Strong Foundation for School Success*, *Kentucky's Early Childhood Standards*<sup>43</sup>, and the updates included physical development through gross motor and fine motor skills. Children's health and wellbeing are an essential component to school readiness in Kentucky, and the state's early learning standards include a focus on nutrition and physical activity (e.g., "the ability to describe how diet, exercise, and rest affect the body"). Kentucky's ECE training system aligns provider training and technical assistance to the standards for a coordinated strategy to support providers' improvements.

Additionally, the call to action described above led PFK and the Kentucky Department for Health to develop a resource, *Kentucky's Vision for Early Care and Education*<sup>44</sup>, to ensure all children have access to healthy environments in ECE settings. The resource was in development as KY DPH began partnering with Nemours, and provided an opportunity for KY DPH to think about integration efforts – aligned with state priorities – while implementing learning collaboratives. Released in late 2014, the vision document aligns with and builds on the call to action and highlights three key strategies: extensive training and technical assistance, family engagement, and consistent state-level policies. This document drives sustainability efforts in the state, helping to ensure coordinated practices, policies, and messaging among stakeholders and providers.

## Establishing a Path to Success— A Plan for Integration

The integration of healthy eating and physical activity (HEPA) best practices into statewide ECE systems was a focus of Kentucky's participation in the National ECELC project as soon as it joined the initiative. At the same time as running learning collaboratives both Nemours and KY DPH staff were focused on identifying areas of opportunity for integration. KY DPH looked to leverage the work currently taking place to integrate obesity prevention components and build supports for providers. While KY DPH has worked in multiple areas of the CDC Spectrum of Opportunity, the focus has been predominately in three areas.

1. Integrate HEPA into **licensing regulations**.
2. Utilize 1305 funding to finance the enhancement of **professional development** through the development of online modules.
3. Expand **family engagement** opportunities focused on 5-2-1-0 messages.

### Timeline

#### 2010

- PFK expands scope to include Early Care and Education Workgroup, and workgroup issues call to action with best practices and strategies to prevent childhood obesity

#### 2012

- 5-2-1-0 campaign launched

#### 2013

- Release of revised Kentucky Childhood Learning Standards, including focus on nutrition and physical activity

#### 2014

- Kentucky selected to join National ECELC project and cohort 1 launched
- KY DPH and PFK release *Kentucky's Vision for Early Care and Education*
- Process began to revise licensing regulations

#### 2015

- Release of *5-2-1-0 Toolkit: Resources to Support Healthy Behaviors*

#### 2016

- 5-2-1-0 online training module released
- Stakeholders await revised licensing regulations
- Healthy eating online training module released



Figure 8: State Areas of Focus within the CDC Spectrum of Opportunities

These three areas align with the core strategies identified in *Kentucky's Vision for Early Care and Education* (extensive training and technical assistance, family engagement, and consistent policies). Kentucky stakeholders weighed in significantly through the PFK ECE Committee and in the development of the vision document, and KY DPH aligned with that momentum to help realize the state's goals.

## Integration Activities

### LICENSING

In 2014, when Kentucky was planning its integration activities, the opportunity arose to recommend changes to the state's child care licensing regulations and KY DPH knew this was a significant opportunity to embed stronger regulations related to healthy environments. Kentucky's licensing regulations already required ECE programs to follow Child and Adult Care Food Program (CACFP) meal patterns (regardless of participation in CACFP) and to limit screen time for children. Stakeholders largely viewed these regulations as insufficient, and KY DPH was active in promoting the inclusion of HEPA best practices into the revised regulations. Over the course of the last two years the Division of Child Care has been in the process of revising child care licensing regulations in Kentucky.

A state Child Care Regulations Committee (CCRC) was formed in 2014 to oversee revisions to the licensing regulations, and the committee sought input from stakeholders. In February 2015, the PFK ECE Committee convened to brainstorm recommendations related to physical activity, menus, and breastfeeding. Then, in June 2015, KY DPH convened stakeholders to brainstorm a "wish list" that was submitted to the CCRC and included suggested regulations related to infant feeding, screen time, and reducing and eliminating juice. Kentucky's state project coordinator for the National ECELC project also joined the CCRC at a monthly meeting to share information about input received from ECELC leadership team members regarding regulations and local implementation.

As of December 2016 the revised regulations are pending, and stakeholders await the opportunity to comment on the proposed regulations.

### PRE-SERVICE & PROFESSIONAL DEVELOPMENT

In Kentucky, there is a significant lack of health training available to ECE providers through licensing, QRIS and the professional development system. Kentucky has 14 child care health consultants housed within local health departments that are available to ECE programs, though many staff are part time and may spend substantial hours working outside of ECE. When working with ECE providers, much time is spent addressing licensing violations. With health consultants focused mostly on consultation and less on training, the need for widely accessible training has become more evident. Additionally, a review of data from the state's Early Care and Education Training Records Information System showed little training offered in HEPA areas, and KY DPH heard feedback from ECELC participants, regional trainers and child care health consultants about the need for training on these topics. The high need for trainings and the geographic disparity of Kentucky led KY DPH to consider the development of online training modules. Preliminary brainstorming about the development of online modules began in fall 2015.

According to a recent report, *Achieving a State of Healthy Weight 2015 Supplement: State Profiles*, in 2013 Kentucky was implementing licensing regulations that fully aligned with only 3 of 47 healthy weight practices in child care centers and family child care home, as defined by *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Ed. (CFOC3)*. The three practices include:

- Hold infants while bottle feeding; Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the lap
- Use only 100% juice with no added sweeteners
- Serve small-sized, age-appropriate portions

Source: National Resource Center for Health and Safety in Child Care and Early Education. 2016. *Achieving a state of healthy weight 2015 Supplement: State Profiles*. Aurora, CO: University of Colorado Denver.

With 1305 funding, KY DPH is developing four, 2-hour, online modules for use with participants in the National ECELC project. The modules will also be available to all Kentucky ECE providers who are interested in accessing professional development on healthy eating and physical activity. Providers will be able to access the online trainings through the University of Kentucky Human Resources Development Institute platform. Each of the four modules will have a unique focus on creating healthy environments in ECE settings: healthy eating, physical activity, family engagement, and staff wellness.

The online modules—while largely reflective of the content in the National ECELC curriculum—are being customized to reflect Kentucky-specific information. For example, highlights about 5-2-1-0, and drawing connections to Kentucky’s licensing regulations and early learning standards. Video clips from Kentucky providers provide real-life examples of community providers working to implement best practices.

The online modules will be integrated into the third round of learning collaboratives implemented in Kentucky in 2016 – 2017 to create training efficiencies. Participants will complete a module prior to attending an in-person learning session. This strategy will ensure participants come to learning sessions with preliminary content knowledge. The in-person learning sessions will then be used as time to recap knowledge and go into greater depth on the content and learning activities, including action planning. Providers that are not ECELC participants may access the modules for a \$5 fee that supports verification of information and the awarding of professional development hours.

Additionally, a technical assistance (TA) package is in development for each module, and the TA package will be available to all licensing, QRIS, CACFP and professional development trainers in the state. KY DPH identified this as an important strategy, as some trainers may be highly knowledgeable in a particular content area but may not have significant experience working with ECE providers or in a variety of ECE settings. There are also currently 15 independent specialty trainers in Kentucky that are able to train on topics related to HEPA ranging from breastfeeding to music and movement, and this TA package will help those trainers and others deepen their content knowledge across multiple areas.

The first module (healthy eating) was finalized in October 2016, and it is expected that the remaining modules and TA package will be complete in late 2016 and early 2017 (by March 2017). In 2017, 1305 funding will also support the development of a standalone module on family style dining, and the state’s WIC team also plans to develop a breastfeeding module.

### Factors for Success in Kentucky

- Strong stakeholder engagement and established relationships with public and private partners to advance obesity prevention efforts
- Statewide vision for early childhood obesity prevention
- Clear knowledge at the state level of the types of supports needed by ECE providers
- Availability of funding to put integration plans into action
- The timing of revisions to state standards and regulations

## FAMILY ENGAGEMENT

The 5-2-1-0 campaign has been a cornerstone in the state and ECE providers’ efforts to engage families around early childhood health and wellness. In early 2015, the *5-2-1-0 Toolkit: Resources to Support Healthy Behaviors*<sup>45</sup> was released to child serving agencies and programs (e.g. home visiting, early intervention, child care, public preschool, Head Start). The toolkit includes brochures, coloring pages and an activity ring, as well as a monthly calendar, and screen time and fruit/vegetable logs. Early childhood professionals can access the materials for use with families.

In summer 2015, with 1305 funds, KY DPH developed a train the trainer course for ECE credentialed trainers to support their ability to deliver a 2-hour 5-2-1-0 training to ECE providers and families. The train the trainer was developed, in part, to help trainers who may not have backgrounds in health to become comfortable delivering the content. Trainers were educated on the basic content and were provided with guidance about how to respond to questions from ECE providers. Trainers were also supported in their ability to guide ECE providers through completion of the *Let’s Move! Child Care* self-assessment and brief action planning. Handouts for a 2-hour presentation for delivery by credentialed trainers and materials for a 20-minute presentation geared for community leaders are both included in the 5-2-1-0 toolkit. Recognizing the significant



need for online trainings, KY DPH also developed a 5-2-1-0 online training module for providers on how to use 5-2-1-0 with parents. The module was released in June 2016 and is now part of the toolkit.

Finally, once Kentucky's licensing regulations are revised, the state's "Orientation to Child Care" (pre-service professional development) materials will be updated to include 5-2-1-0. All ECE professionals are required to obtain 6 hours of training within the first 60 days of employment. This strategy will help to embed principles of healthy environment trainings into the core of ECE providers' training experiences.

## Challenges to Integration

Initially, KY DPH hoped to integrate more HEPA content into their state-wide QRIS. In 2014, the Governor's Office of Early Childhood oversaw the development of a new set of QRIS standards. Kentucky's state project coordinator participated on the workgroup for the Governor's Office development of the ALL STARS standards and helped to provide stakeholder input and a recommended list of HEPA best practices for inclusion. In fall 2014, those recommendations did not get included in the first set of standards. A pilot of ALL STARS was conducted in early 2015 and concluded in July 2015. Spring 2016 provided another opportunity for KY DPH and stakeholders to share recommendations with the Governor's Office of Early Childhood, and the Department submitted a list of recommended assessments to support ECE providers' efforts providing healthy environments for children. While the assessments were included in the next set of standards revisions, they were removed from the final version that was released to the field in July 2016. There are no health indicators included in Kentucky's new ALL STARS standards.

During the course of the development of ALL STARS standards, state leadership in Kentucky experienced significant turnover of staff, including both the Director of the Division of Child Care and the Director of the Governor's Office of Early Childhood. With the turnover of staff, changing priorities, and the need to build new relationships, there was a change in momentum. In addition, federal monitoring of Kentucky's Race to the Top – Early Learning Challenge grant (which funds ALL STARS) showed a slower than predicted pace of implementation. These factors may have impacted the final outcome of KY DPH's efforts to support the inclusion of HEPA best practices in the ALL STARS standards. KY DPH will continue to work with ECE stakeholders to leverage QRIS and develop strategies to promote best practices outside of the system.

Similarly, with new political appointees continuing to be placed in leadership positions and turnover in staff positions there were also challenges in getting some of KY DPH and stakeholders' newer ideas for integration activities off the ground. KY DPH convened stakeholders to consider implementing a HEPA recognition program for ECE providers. While there was enthusiasm, the group was challenged by the need to identify where the program would sit within the state system and had difficulty envisioning who would oversee its development and implementation. The issue of ownership was coupled with dovetailing discussions related to staff wellness, and KY DPH and stakeholders decided to refocus efforts on the integration activities detailed above.

Kentucky undertook a strategy with its integration activities to target high need areas (online trainings), while leveraging the momentum from a statewide campaign (5-2-1-0 family engagement) and taking advantage of the timing of revisions to licensing regulations. Some of the more complex topics that continue to arise within stakeholder groups—in particular, staff wellness—remain at the forefront of ongoing discussions about how to support ECE programs' ability to support the healthy development of young children within the context of an evolving state system.

## Lessons Learned

It is important to have not only the right organizations, but also the right individuals from those organizations, at the table to plan sustainability and integration activities. Despite stakeholders' recommendations for QRIS standards not being included in the revised system, the value of planning and partnership was not lost. To maintain momentum, communicative and collaborative stakeholders must continue to convene and explore strategies for integration.

It may not be possible to address all the Spectrum of Opportunities areas at once. By identifying and prioritizing opportunities for integration, some of the greatest needs will begin to be met. In Kentucky, the need for quality,



HEPA-related training, has been evident for years. It was a recurring need across stakeholder groups, and when KY DPH had the opportunity to leverage 1305 funding to develop online modules it was a natural fit for what was achievable for the state and best for ECE providers.

Keeping tabs on the needs that continue to resurface will help stakeholders build upon early successes to achieve greater integration over time. For example, Kentucky struggles with very high rates of adult obesity with the and ECE providers' staff wellness has come up multiple times as a factor – and in some cases, a barrier – to supporting the health and wellness of young children in ECE programs. All staff, and in particular staff who prepare food, may need training. Many ECE program kitchens are in poor shape; lacking storage, equipment and training for individuals preparing food. Currently, there are not nutrition hours available to staff serving in this role. The gap has been identified but the state hasn't yet figured out how to address the issue. Learning from the development of online modules may help the state determine a way to leverage this training strategy to further support staff wellness. This may also provide opportunity for revising a staff recognition program.

#### Glossary of Key Terms

25. ***5-2-1-0 campaign*** – Launched in 2012 through support from multiple state stakeholders, the campaign encourages parents to adopt obesity prevention strategies for children.
26. ***Building a Strong Foundation for School Success, Kentucky's Early Childhood Standards*** – Kentucky's early learning standards.
27. ***Child Care Regulations Committee*** – Formed in 2014, under the Division of Child Care, to oversee revisions to the licensing regulations.
28. ***Kentucky's Call to Action for Preventing Obesity in Early Care and Education*** – A call to action to ECE providers and stakeholders outlining guidance and strategies for childhood obesity prevention.
29. ***Kentucky Department for Health (KY DPH)*** – State implementation partner for National ECELC project, and key stakeholder in Kentucky's ECE childhood obesity prevention efforts.
30. ***Kentucky's Vision for Early Care and Education*** – Building upon the call to action, this document presents a comprehensive vision for ECE obesity prevention strategies, and provides data, best practice guidance to create healthy environments.
31. ***Partnership for Fit Kentucky (PFK)*** – Group of public and private stakeholders focused on obesity prevention vision in Kentucky, and contains an Early Care and Education Workgroup.

# Missouri

## Implementation Partner: Child Care Aware of Missouri

### Case Study

**Participation in National ECELC: 2013-2017**

**ECE programs trained<sup>46</sup>: 216**

**Children served by trained programs: 18,613**

**Spectrum of Opportunities areas of focus:**

- **Child and Adult Care Food Program (CACFP)** – Aligned the ECELC curriculum with the *Eat Smart/MOve Smart* program and branding, which helped expand those programs' reach and certification throughout the state.
- **Licensing and Administrative Regulations** – Partnered with state stakeholders to plan to align licensing regulations with best practice standards for nutrition, physical activity and screen limitation.
- **Pre-service and Professional Development** – Offered ECELC participants opportunities to continue to access professional development and technical assistance to continue program improvements after the conclusion of the ECELC project, and leveraged funding to offer I Am Moving, I Am Learning training to additional providers throughout the state.

## Setting the Stage

Nemours identified Child Care Aware of Missouri (CCAMO) as a state implementation partner in 2013 during the development of the National ECELC proposal to the Centers for Disease Control and Prevention (CDC). Missouri had high preschool overweight and obesity rates, large numbers of early care and education (ECE) programs, urban and rural regions, and a statewide program aimed at improving nutrition and physical activity in ECE settings. Missouri has had a variety of contextual factors which have impacted integration of healthy eating and physical activity (HEPA) best practices into ECE settings.

### Did you know?

***In Missouri, among low-income children aged 2 years to 5 years old, 16.2% are overweight and 13.6% are obese.***

Source: CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS).

## State Efforts Addressing Childhood Obesity

Introduced in 2010, Missouri *Eat Smart* was developed to address the eating habits of young children in child care settings. Led by the Department of Health and Senior Services (DHSS) and initially funded by a USDA Team Nutrition grant, Missouri developed nutrition guidelines. The guidelines are divided into three levels: minimum, intermediate, and advanced. The minimum level is the same as the Missouri State Licensing requirements. The guidelines are meant to be simple and realistic for both centers and family child care homes to implement. DHSS staff have provided outreach and support to help programs achieve recognition at the higher levels but have primarily focused on centers participating in CACFP.

All licensed child care facilities must at least meet the minimum level while programs that reach intermediate and advanced levels are eligible for recognition as an *Eat Smart* program. The guidelines are disseminated to ECE programs through training and technical assistance which has been provided by nurse consultants with the local county health departments and through the University of Missouri Cooperative Extension. To be certified as *Eat Smart*, programs submit an application with copies of their menus, nutrition policies, recipes and food labels. The application is followed up with an in-person visit by DHSS staff to verify the nutrition and food programming reported. Once verified, the program receives their *Eat Smart* recognition which includes a certificate, window clings, and a listing on the DHSS website. The recognition is valid for one year with the possibility of renewal.

In 2013, this effort was expanded with the introduction of *MOve Smart*, which provides physical activities guidelines and tools to address physical activity habits of children in child care. *MOve Smart* includes two levels: Intermediate and Advanced and the guidelines align with Missouri Licensing Rules for Child Care. Similar to *Eat Smart*, *MOveSmart* requires programs to submit their policies, weekly schedules, equipment checklist, photos, and list of physical activity trainings completed by staff. *Eat Smart* is the only certification that requires an on-site visit. *MOve Smart* and Breastfeeding Friendly Child Care (described below) only require written applications, documentation and/or photos to request certification. There are more than 2,500 centers and family child care homes participating in CACFP in the state, but only about 4-5% have been recognized as an *Eat Smart* or *MOve Smart* program. DHSS suspects the low uptake may be challenged by a few reasons, including: the certifications not being advertised widely, *Eat Smart* / *MOve Smart* leadership has changed and lost some momentum, and there is limited TA available for programs. The biggest factor, though, is the lack of incentives for ECE programs to pursue the certification. Besides helping children's health and development, the main incentive is to use certification as a marketing tool.

DHSS also added a Breastfeeding Friendly Child Care Facility certification in 2014 to improve support for breastfeeding women as they return to work. To receive the certification, child care programs complete an application and provide supporting documentation, including facility policies and photos. Programs aim to meet five criteria including having a written policy supporting breastfeeding families, provide a welcoming environment for breastfeeding mothers, offer resources to parents, feed infants on demand and communicate with moms about feeding preferences; and, train staff to support parents. Similar to *Eat Smart* / *MOve Smart* recognition, successful programs receive a certificate, window cling and recognition on the DHSS website. However, unlike *Eat Smart* there is no in-person visit to verify the application. To date, about 60 ECE programs serving approximately 3,500 children have been certified as Breastfeeding Friendly facilities.

In addition to the DHSS-led efforts, Missouri has an active stakeholders group known as The Missouri Council for Activity and Nutrition (MOCAN). This is a coalition of representatives from statewide and local agencies, institutions, organizations, and individuals who work together to advance the goals and objectives of the statewide plan, *Preventing Obesity and Other Chronic Diseases: Missouri's Nutrition and Physical Activity Plan*. The MOCAN Early Childhood Working Group focuses on advancing healthy eating and active living policies and environmental change in early care and education. Jessica Rose, Director of Wellness Initiatives with Child Care Aware of Missouri, sits on the MOCAN Child Care Working Group.

Another important partner has been the Missouri's Children's Services Commission (MCSC) Subcommittee on Childhood Obesity which was established in February 2014. The subcommittee was tasked with reviewing the issue of childhood obesity in Missouri and the evidence for effective prevention and treatment approaches; compiling recommendations for a comprehensive state approach and ultimately presenting recommendations to the Governor and General Assembly. In December 2014 the subcommittee put forward recommendations that included updating child care center and home licensing rules to align with the latest evidence on standards for feeding practices, nutrition, physical activity, and screen time limitations to prevent obesity and support long-term health. The recommendations emphasized the necessity of an engaged network of collaborating partners to provide training and support services to child care professionals to achieve full compliance with any newly adopted standards. Since the release of the Subcommittee report in 2014, Child Care Aware® of Missouri has been taking steps toward moving the recommendations forward with the support and guidance of other key partners including Children's Mercy Hospitals and Clinics in Kansas City, the University of Missouri (MU) Extension, Missouri YMCA Alliance, and the MOCAN Child Care Working Group.

## Timeline

### 2010

- DHSS introduced *Eat Smart*

### 2013

- DHSS introduced *MOve Smart*
- National ECELC project began and cohort 1 launched

### 2014

- MCSC Subcommittee on Childhood Obesity established
- CCAMO began delivering IMIL training across the state (continuing through 2017)
- DHSS launched Breastfeeding Friendly Child Care Facility certification

### 2015

- CCAMO and partners launched Wellness Roundtables for Child Care

### 2016

- CCAMO secured funding for *stage 1* of the plan to improve licensing regulations

Lastly, in 2015 Missouri was selected by Child Care Aware of America to participate in the *Healthy Child Care, Healthy Communities* initiative through August 2017. Through this initiative, CCAMO receives support to implement systems-level change strategies that will have an impact on child health. As part of participation, Missouri stakeholders reviewed existing policies and practices related to obesity prevention in ECE settings and will work together to develop a plan to enhance healthy practices in child care settings. Child Care Aware also provided assistance to Missouri to integrate health-focused strategies within the state's 2016-2018 CCDF state plan.

### **State Efforts to Improve Early Care and Education**

In 2013 when the ECELC was launched, Missouri was the only state in the U.S. with a statutory prohibition on quality rating systems (QRS) for child care. These systems aim to improve the quality of ECE settings through self-assessment, program improvement, financial incentives and ratings. Other states have adopted rating systems through administrative action, without passing new laws but this has not been successful in Missouri. The development of a QRS system has been politically contentious in the state for many years with anti-regulatory sentiments from both the child care community and elected officials. There was a perception such a system would impact a center's bottom line. Additionally, previous iterations of a QRS were developed without provider input and administrated in a top-down manner, leaving providers with a negative view of such programs.

However, thanks to committed advocacy efforts in Missouri, the ban on QRS systems was overturned in June 2016. Governor Nixon signed a new law which allows for the creation of a time limited, voluntary pilot program for center based, home based and exempt religious providers. During the next three years, the Missouri Head Start Collaboration Office and Missouri Department of Elementary and Secondary Education will work together to establish an early learning quality assurance report. Partners will be working on developing the ratings system and release a plan for the pilot by 2019.

Missouri has made investments in multiple early childhood initiatives, including Parents as Teachers (PAT), the Missouri Preschool Project, and, *Teacher Education And Compensation Helps* (T.E.A.C.H). PAT is an evidence based and nationally renowned home visiting program that helps parents develop skills to be their child's first teacher in the critical early years of life in order to enhance school readiness. The program also serves as a first point of detection of potential developments delays or other health programs. PAT was first developed in Missouri and is now available in all 50 states and other countries. However, state funding for PAT has been substantially reduced from \$34m in 2009 to \$17.5m most recently in FY16.<sup>47</sup>

Launched in 1998, the Missouri Preschool Program (MPP) is a competitive grant opportunity led by the Department of Elementary and Secondary education. Revenue for the Early Childhood Development, Education, and Care (ECDEC) Fund is generated by gaming and it supports MPP in addition to other early childhood services (PAT, First Steps, Head Start, child care assistance). MPP aims to create or expand high quality early care and education programs for children who are one or two years from kindergarten eligibility. The program provides up to \$50,000 in startup funds in the first year, along with \$4,000 - \$4,500 per student. Grantees are eligible for renewal funding after the second year.<sup>48</sup> The program is unique in that it requires grantees to set aside 10 percent of their grant funding to support the professional development of those licensed child care programs within the school district that did not receive MPP funding. Public school districts, government agencies, private preschool, Head Start, YMCA, United Way, other licensed child care programs, family child care group homes and religious entities are not eligible. Fluctuation in ECDEC revenue continues to create funding uncertainties for programs as Missouri operates under legislation requiring a balanced budget. The goal of MPP is to eventually provide preschool access to all families throughout the state regardless of income; however, MPP currently serves only 4% of 4-year-olds and 1% of 3-year-olds.<sup>49</sup>

To develop a quality early childhood workforce, the state also launched T.E.A.C.H. Missouri in 2000. T.E.A.C.H. is a scholarship and compensation opportunity designed specifically for early childhood professionals working at least 30 hours or more a week in a licensed program with children under five years old. The program allows child care professionals to earn up to 15 college credit hours a year towards a degree in early childhood education. The scholarship links education, compensation and commitment to improving the quality of early childhood care and education programs for young children.<sup>50</sup> To date, T.E.A.C.H. provided more than 3,500 scholarships to ECE professionals in the state.

## Establishing a Path to Success—A Plan for Integration

CCAMO has a long history of providing child care training across the state, but managing healthy eating and physical activity learning collaboratives was their first entry into childhood obesity prevention. As a new player in the child wellness space, CCAMO had to develop partnerships and build trust with state agencies and organizations to run successful collaboratives but also to work on integrating obesity prevention into early childhood systems statewide. Given limited funding for this type of work, some partners were initially concerned CCAMO would be competing for funding. However, due to the success of the collaboratives over the last four years and increasing provider demand for this type of training, CCAMO has been able to build a robust child wellness portfolio. They have also increased their leadership in childhood obesity prevention initiatives in the state.

The growth of CCAMO's child wellness portfolio coincided with the spread and scale of the ECELC project in the state. As CCAMO became more proficient in implementing learning collaboratives, they were increasingly seen as a trusted resource on healthy eating and physical activity. They also took on leadership roles in statewide coalitions, such as the Child Care Working Group for the MOCAN and the MCSC subcommittee on childhood obesity. CCAMO built upon their expertise in training and technical assistance (TA), established relationships with ECE providers, and successful collaborations with state agencies and stakeholders, to integrate and expand HEPA best practices in three areas.

1. Supporting CACFP programs through alignment with Eat Smart/MOve Smart.
2. Updating child care center and home **licensing regulations** to align with latest evidence on standards for feeding practices, nutrition, physical activity and screen limitation.
3. Expanding **professional development**, training and networking opportunities for ECE providers around healthy eating, physical activity, breastfeeding, and screen time.

These goals enable CCAMO to continue strengthening their stakeholder relationships and leadership around HEPA in the state.



Figure 9: State Areas of Focus within the CDC Spectrum of Opportunities

## Integration Activities

### CACFP

After the first project year, CCAMO aligned the ECELC learning curriculum, “*Taking Steps to Healthy Success*” (TSHS) with the *Eat Smart/MOve Smart* program and branding, which helped expand those programs’ reach and certification throughout the state. Through TSHS CCAMO provided ECE staff with strategies, resources, and TA that helped them to achieve improvements in their policies and practices. These improvements would also enable programs to meet *Eat Smart/MOve Smart* guidelines and achieve certification. CCAMO also helped DHSS promote their program and reach ECE sites across the state that may not have been able to participate in the effort due to the agency’s limited bandwidth and resources to provide TA. Staff from DHSS and Cooperative Extension have also presented at Learning Sessions to orient participating ECE staff on the nutrition, physical activity, and breastfeeding support programs and incentives for being certified. Connecting these initiatives was mutually beneficial to CCAMO and DHSS. ECE programs viewed TSHS learning collaboratives as part of a broader statewide effort, instead of duplicative.

By linking TSHS with *Eat Smart/MOve Smart*, CCAMO has been able to support ECE programs to achieve this recognition. Overall, two programs received *Eat Smart* recognition, 16 received *MOve Smart* and 10 received the breastfeeding friendly designation. Through this collaboration CCAMO also enhanced their relationship with DHSS. In 2014, CCAMO and DHSS won the *Governor’s Award for Efficiency*



and Innovation for their collaborative work. In October 2016, CCAMO launched their fourth round of collaboratives and will also explore opportunities to support DHSS in rolling out the new CACFP meal patterns and supporting ECE programs in meeting them.

## LICENSING AND ADMINISTRATIVE REGULATIONS

Missouri child care licensing standards around health and wellness have not been updated in nearly 25 years. The CDC's 2013 report comparing the *Caring for our Children (CFOC)* recommended standards against Missouri's licensing rules and found that the state's licensing standards only fully satisfied five CFOC recommendations and partially met 13 of 44 standards. Beginning in 2014, CCAMO and stakeholders began exploring feasible changes to the child care licensing rules that could positively impact the health and development of thousands of Missouri's children in licensed child care. While stakeholders recognized that updating the licensing standards would be a long-term endeavor, all agreed that an inclusive, phased approach could increase the possibility of updated standards ultimately being adopted by Missouri legislators and accepted by providers.

In 2014, the MCSC launched a subcommittee on childhood obesity, which consisted of elected officials, academics, state department personnel and representatives of children services organizations. CCAMO is represented on the subcommittee by their Chief Executive Officer. MCSC is statutorily required to advise state laws and policies around issues that impact Missouri's children. The subcommittee was tasked with providing legislative and administrative recommendations to the MCSC by fall of 2014 with the intent of queuing up legislation for the 2015 legislative session. The subcommittee determined that the recommendations would include both treatment and prevention-focused solutions for childhood obesity, as well as focus on streamlining statewide prevention efforts.

### Factors for Success in Missouri

- CCAMO's ability to build relationships with stakeholders to advance HEPA activities statewide
- Statewide coalitions committed to child obesity prevention efforts
- Established programs and branding (e.g., *Eat Smart* and *MOve Smart*) and opportunity for TSHS to align

In support of MCSC's recommendations, CCAMO and MOCAN developed a three stage approach to begin tackling the licensing process. Prior to launching the first stage, CCAMO partnered with the Public Health Law Center to conduct a landscape analysis of all policies impacting the standards, including gaps, barriers and synergies in Missouri's current child care policies. From 2015-2016, CCAMO and partners sought funding to advance each stage of their overall approach. By 2016, CCAMO had secured funding for Stage 1 to develop a stakeholder prioritization survey in partnership with the University of Missouri – Kansas City. The survey aimed to narrow the focus of the licensing review project by identifying the key gaps in current licensing rules most critical to 1) normal growth and development, 2) promoting and developing healthy behaviors, and 3) prevention of childhood obesity. The 39 standards unsatisfied by current licensing rules were also divided into nine categories: infant feeding methods, infant food plans, child food nutrition, beverage nutrition, nutrition environment, staff training, policies and environment for physical activity, screen time, and daily physical activity requirements. Stakeholders were asked to rank the standards within each category as well as rank the categories themselves in order of importance based on the above criteria. By December 2016, the survey had been issued and completed with a 45% response rate. Detailed findings will be available in early 2017 and directly inform the next stages of the approach.

The subsequent stages will focus on a survey of child care professionals, including program directors, administrators, and teachers in child care facilities (stage two) and focus groups/community meetings statewide to gather input from other constituent groups (stage three). Based on the findings from these efforts, CCAMO and MOCAN plan to develop an action plan to outline strategic steps to advance implementation of the standards including communication, legislative changes (if needed), rules changes, and a means to assure implementation of these standards by child care providers. While stakeholders have made progress in advancing their multi-staged approach, there have been challenges in fundraising. Given the statewide effort, each stage represents significant costs and funders have been reluctant to fund the entire effort. Therefore CCAMO has explored "budget braiding" where different but complementary funding sources are employed to complete the activities. CCAMO aims to complete these three stages which would then enable them to apply for funding to *VOICES for Healthy Kids* for a statewide campaign.



Most recently, newly elected Governor Greitens issued an executive order freezing all new and proposed business regulations and ordering a review of all existing regulations, including child care licensing rules. CCAMO and partners intend to proceed on licensing rule change as soon as an opportunity presents itself. Given that the Section for Child Care Regulation has until June 2018 to complete its review of existing rules, CCAMO will work with MOCAN and DHSS to identify next steps to maintain momentum. This may include identifying new ways to support *Eat Smart/MOve Smart* and Breastfeeding Friendly activities.

## PRE-SERVICE AND PROFESSIONAL DEVELOPMENT

CCAMO has a long history in providing quality training and professional development opportunities for ECE staff. The organization's expansion into health and wellness was a natural fit since CCAMO had access to experienced trainers and is a trusted resource among ECE providers for training opportunities. CCAMO offers a wide range of clock-hour workshops and manages the overall training calendar for the state. This calendar includes all the required and non-required trainings approved for clock-hours by DHSS Section for Child Care Regulation. Before launching the first round of learning collaboratives, CCAMO ensured that the TSHS learning sessions and action period tasks were approved for clock hours and included on the statewide workshop calendar. CCAMO did have to modify the action period tasks by having trainers directly lead the tasks on-site at each participating ECE program versus other states where Center Directors can train their own staff. This was an important modification since clock-hours are an important incentive for ECE providers and helps keep them engaged throughout the 10 month collaborative.

In an effort to provide ECE programs with on-going support and resources after the collaboratives ended, CCAMO partnered with the DHSS, the YMCA Alliance, and the Missouri Foundation for Health to launch *Wellness Roundtables for Child Care* in 2015. The wellness roundtables provided information on improving nutrition and physical activity practices in ECE settings along with networking time for staff. The roundtables were open to past ECELC participants as well as any other interested ECE programs. Topics also included parent engagement and staff wellness practices in the child care setting. The events created opportunities for child care staff to support each other in implementing early childhood health and wellness best practices and disseminate new strategies and information.

In 2014, using USDA Team Nutrition funding DHSS contracted with CCAMO to deliver *I am Moving, I am Learning (IMIL)* trainings across the state for two years. This contract has enabled CCAMO Trainers to further advance the practices and policies around physical activity and healthy child care environments. These trainers were also active or past TSHS trainers which helped streamline messaging and strengthen connections with programs. The contract was renewed in 2016 with 1305 funding and CCAMO has provided eight seven-hour IMIL trainings and nine two-hour Moving and Learning trainings. CCAMO continues to explore further collaboration with DHSS including the possibility of expanding the learning collaboratives model to other regions of the state and/or with family child care providers.

## Challenges to Integration

While CCAMO and partners have advanced their work around updating licensing regulations, long-term funding and political will for such changes continue to be a challenge. CCAMO reported that even when they have been able advance efforts, they then experience a setback, such as state agency staff turnover, disinterest, or insufficient funding. Most recently the transition to a new Governor's administration presents new uncertainties regarding social services, state agency leadership/appointees, and funding availability. Once new staff is appointed in partner agencies, CCAMO will have to start building their relationships again with key staff and garner support for HEPA in ECE settings. Nonetheless, CCAMO and partners are optimistic that the stakeholder and provider survey findings will help garner additional support for updated regulations.

Another barrier to integrating HEPA in broader ECE systems is a lack of dedicated funding. CCAMO and partners have submitted several proposals for funding the various stages of their licensing effort but there are limited funders interested in this work. The most significant private foundation is the Missouri Foundation for Health but they have been reluctant to fund the entire stakeholder and provider survey and engagement work for the licensing project. CCAMO was successful in securing funding from a regional foundation for the stakeholder survey and is exploring other funding options to complete the remaining stages. Ultimately they are aiming to work with VOICES for Healthy Kids on a statewide advocacy campaign.

As demonstrated by the licensing efforts, pursuing statewide systems change is a substantial undertaking. While CCAMO is committed to advancing statewide systems change, they are also pursuing regional opportunities which often present fewer political and regulatory barriers. CCAMO has collaborated with partners in St. Louis through the St. Louis City Department of Health's *Healthy Eating Active Living* Partnership. Since 40% of all child care programs are located in St. Louis, it is critical for CCAMO to coordinate with local agencies and partners in this region.

Most recently, CCAMO is partnering with American Heart Association and Nemours on a newly funded initiative to engage 120 ECE providers in the St. Louis region to improve nutrition and physical activity in ECE programs. This \$3.9m, five-year effort will focus primarily on high need, underserved areas and support Child Care Specialists to intensively work with Center directors and staff to develop wellness policies and implement improved policies and practices around HEPA in their programs.

## Lessons Learned

Implementing the ECELC has enabled CCAMO to directly contribute to improving healthy eating and physical activity in ECE programs across the state. At the same time, this provider level work has also increased their visibility, influence and leadership around child wellness in the state. *State committees are important for buy-in, attention to an issue (childhood obesity prevention) and relationships. However, their ability to influence change, raise/dedicate funds, or influence systems may be limited.* While the systems change activities require a substantial amount of time before successes are achieved, CCAMO has recognized the value of building these partnerships, contributing to strategic planning efforts, and continuously pursuing additional funding opportunities.

Similar to other states with an anti-regulatory climate, updating regulations can be a daunting task requiring creative solutions. Through their stakeholder groups, surveys, and focus groups, CCAMO and partners are investing in valuable activities that will prepare them with important information and voices from the field. CCAMO's experience also emphasizes the importance of pursuing multiple strategies at once, including regional approaches and "budget braiding". Given the declining investment in statewide early childhood programming in Missouri<sup>51</sup>, CCAMO will need to continue seeking funds from private foundations and companies to advance this work in the long-term.

### Glossary of Key Terms

32. ***Child Care Aware of Missouri (CCAMO)*** – State implementation partner for the National ECELC project in Missouri.
33. ***Department of Health and Senior Services (DHSS)*** – State agency overseeing *Eat Smart* and *MOve Smart*, as well as key divisions such as CACFP and Child Care Licensing.
34. ***Missouri's Children's Services Commission (MCSC)*** – Stakeholder group consisting of elected officials, academics, state department personnel and representatives of children services organizations. MCSC is statutorily required to advise state laws and policies around issues that impact Missouri's children.
35. ***Missouri Council for Activity and Nutrition (MOCAN)*** – Coalition of representatives from statewide and local agencies, institutions, organizations, and individuals who work together to advance the goals and objectives of the statewide plan, *Preventing Obesity and Other Chronic Diseases: Missouri's Nutrition and Physical Activity Plan*. MOCAN includes an Early Childhood Working Group focused on advancing healthy eating and active living policies and environmental change in early care and education.



# New Jersey

## Implementing Partner: New Jersey Department of Health

### Case Study

**Participation in National ECELC: 2013-2017**

**ECE programs trained<sup>52</sup>:** 153

**Children served by trained programs:** 16,100

**Spectrum of Opportunities areas of focus:**

- **Licensing & Administrative Regulations** – Gathered input from ECE providers about possible changes to licensing regulations and convened stakeholders to review findings and develop recommended improvements.
- **Quality Rating and Improvement System (QRIS)** – Developed the Grow NJ Kids Self-Assessment Tool, which included a focus on HEPA topics (via the LMCC quiz) and developed training for Quality Improvement Specialists to enhance their ability to support ECE providers with achievement of HEPA practices.
- **Pre-Service & Professional Development** – Developed six Policy Packets and corresponding Policy Kits (quality improvement materials and supplies) to support ECE centers in setting and implementing policies that support healthy eating and physical activity, and provided training to Quality Improvement Specialists use of the LMCC Assessment Tool.

## Setting the Stage

Nemours identified New Jersey as a state implementation partner in 2013 during the development of the National ECELC proposal to the Centers for Disease Control and Prevention (CDC). New Jersey had high preschool overweight and obesity rates, large numbers of early care and education (ECE) programs, and existing efforts to prevent childhood obesity via ECE settings. Starting in 2013 and continuing into the present, New Jersey has had a variety of contextual factors which have impacted integration of healthy eating and physical activity (HEPA) best practices into ECE settings. Many of these are described below.

### Did you know?

**16.2 % of low-income children in New Jersey ages 2-4 years old are obese (2011). This is a decline from the 2008 rate of 17.9%.**

Source: Trust for America's Health and Robert Wood Johnson Foundation. The State of Obesity 2015. Washington, D.C.: 2015

## State Efforts Addressing Childhood Obesity

The NJ Department of Health (NJDOH) leads *ShapingNJ*, a diverse, multi-sectorial partnership to address nutrition, physical activity and obesity prevention in New Jersey. The goal of this partnership was, and is, to prevent obesity and improve the health of populations at risk for poor health outcomes in New Jersey by making “the healthy choice, the easy choice.” *ShapingNJ* consists of high-level partnerships across the state, and is structured as workgroups in six settings including health care, schools, community, worksites, faith based, and early care and education. The ECE setting work group consisted of 25-50 partners and had subcommittees in healthy eating, physical activity, and nutrition. In 2013, CDC funding (via a five year Nutrition, Physical Activity, Obesity grant - NPAO) for *ShapingNJ* ended. In 2012, the ECE setting workgroup recommended to the New Jersey Department of Children and Families (DCF) Office of Licensing (OL) that revisions be made in child care licensing regulations. The recommendations put new emphasis on health, nutrition and active play for kids in care. These regulations were enacted in 2012 and implemented in 2013. As part of this work, *ShapingNJ* also created a Child Care Best Practices Toolkit and implemented a Nutrition and Physical Activity Self Assessment in Child Care (NAP SACC) initiative to support providers in meeting the new standards. *ShapingNJ* also sponsored a *Let's Move! Child Care (LMCC)* training for providers.

A more recent CDC grant, State Public Health Actions – 1305, along with the Preventive Health and Health Services Block Grant, funds obesity prevention strategy implementation in all 6 settings and sustains the *ShapingNJ* partnership, now consisting of 230 organizations.

Additionally, after CDC added new 1305 requirements for states related to physical activity in ECE settings, New Jersey found that this new requirement for spending CDC's 1305 funding closely corresponded to the NJDOH's receipt of the National ECELC grant. This provided opportunities for leveraging and coordination.

Finally, New Jersey Partnership for Healthy Kids (NJPHK), funded by the Robert Wood Johnson Foundation (RWJF) focuses intense efforts in 5 New Jersey cities (Newark, New Brunswick, Trenton, Camden, Vineland), convening, connecting and empowering community partnerships across the state to implement environment and policy changing strategies that prevent childhood obesity.

### **State Efforts to Improve Early Care and Education**

New Jersey was awarded funding in Phase 3 of the Race to the Top—Early Learning Challenge, a federal Department of Education initiative to improve state early learning systems. The focus of New Jersey's plan was the expansion of Grow NJ Kids, a voluntary Quality Rating and Improvement System (QRIS). New Jersey developed standards, piloted an operational framework, and set ambitious goals for recruiting centers and family child care homes. As a result, many of the state's ECE systems (provider training, technical assistance and formal education) were aligned around the QRIS requirements. Regional Child Care Resource and Referral Agencies (CCR&Rs) had been providing much of the training for ECE providers in New Jersey via contract with NJ DCF. However, as QRIS was rolled out, the CCR&Rs role changed and public universities became more involved in supporting ECE program improvement aligned to the QRIS standards.

Public preschool for four-year-old children has been a priority in New Jersey since the landmark Abbott court decisions in the early 2000. The state serves a large portion of low income and disadvantaged children in school-based and community-based preschool classrooms under the direction of the New Jersey Department of Education. In 2014 and 2015 New Jersey applied for and received federal funding to expand their preschool programming through a federal Department of Education Preschool Development Grant.

### **Timeline**

#### **2012**

- Revised licensing regulations enacted, and include a focus on health, nutrition and active play

#### **2013**

- New Jersey selected to join National ECELC project and cohort 1 launched

#### **2014**

- Policy Packets and Policy Kits created to support ECE centers in setting and implementing policies that support healthy eating and physical activity

#### **2015**

- *Let's Move! Child Care* checklist added to the enrollment packet required for ECE programs to participate in Grow NJ Kids

#### **2016**

- *ShapingNJ* and stakeholders recommended licensing regulations for family child care homes

## Establishing a Path to Success—A Plan for Integration

New Jersey was funded in the first year of the National ECELC project, and integration of HEPA best practices into statewide ECE systems was not a focus until the second year. In the first year, the mechanics of developing and running learning collaboratives was all encompassing, curriculum was being developed and tested, administrative systems were created and piloted, and the evaluation framework was designed. After running learning collaboratives for a year, both Nemours and NJDOH staff were better equipped to identify areas of opportunity for integration. The contextual factors above impacted the areas of opportunity, as did feedback from stakeholder engagement. While NJDOH has worked in all areas of the CDC Spectrum of Opportunity, their focus has been predominately in three areas.

1. Improve **licensing** regulations to align with HEPA best practices.
2. Integrate HEPA into statewide **QRIS**.
3. Utilize 1305 funding to finance facility level supports, training and technical assistance and **professional development**.

NJDOH did not use a formal set of planning tools to arrive at these priorities. The project coordinator hired by NJDOH to oversee the National ECELC project has background and experience with the ECE sector, as did another member of the NJDOH obesity prevention team. Both women had existing connections and relationships in the health and ECE sectors and broadened them during their support of the National ECELC project. Through serving on committees, meeting with stakeholders, and exploring opportunities, they were able to identify places where NJDOH could positively contribute to the obesity prevention work in ECE settings.



Figure 10: State Areas of Focus within the CDC Spectrum of Opportunities

## Integration Activities

### LICENSING AND ADMINISTRATIVE REGULATIONS

Given the *ShapingNJ* child care setting workgroup's success in 2012, NJDOH continued to view licensing as an area of the Spectrum of Opportunities worth pursuing. In 2013, NJDOH's work initially focused on helping providers meet the regulations enacted in 2012, and the department offered learning collaboratives to hundreds of providers, alongside existing technical assistance taking place in the state. NJDOH also offered to train NJ DCF OL staff on how to determine if ECE programs were meeting the new regulations; however, this offer was not accepted.

In 2016, NJDOH again had the opportunity to weigh in on licensing regulations for Family Child Care homes. NJDOH reconvened members of the *ShapingNJ* early care and education setting workgroup to conduct a focus group survey with providers to understand what standards would be simple to meet and which were more difficult. Partners in this work included the NJPHK and New Jersey Alliance of YMCAs. Advocates submitted findings, recommended standards, rationale and research references to NJ DCF OL. While the recommendations have not been adopted at this time, the template can and should be adopted by other states, as it is a compelling format combined with feedback from providers.

### QUALITY RATING & IMPROVEMENT SYSTEM (QRIS)

After two years of running learning collaboratives for providers, NJDOH identified an opportunity through the state's Grow NJ Kids initiative to weave HEPA into the QRIS. The system was in development, growing, and receiving more funding, so it was difficult to get ECE providers to focus on other quality improvement initiatives. Also, as the plan was laid out, there was a vision of statewide implementation where large numbers



of (i.e. the majority) of ECE centers and homes would be participating. NJDOH saw this as an opportunity to work on program improvements in HEPA at the same time as working on program improvements in other areas. The NJ Department of Human Services, Division of Family Development (DFD) is the lead for Grow NJ Kids, and DFD led a stakeholder group for the development of the Grow NJ Kids Self-Assessment Tool. The group was comprised of a number of NJDOH key stakeholders, including the NJDOH Project Coordinator. Through this stakeholder group, NJDOH staff were able to directly communicate their support of HEPA best practices and the inclusion in the standards.

NJDOH was successful in adding the LMCC Checklist to the enrollment packet required for ECE programs to participate in Grow NJ Kids. This packet includes an application and other self-assessment tools for providers to use to establish their baseline areas for improvement. After an ECE center director/owner completes the LMCC Self-Assessment, they work with their assigned Child Care Resource and Referral (CCR&R) Quality Improvement Specialist (QIS) to decide on best practice goals they wish to work on. All programs submit their LMCC quiz to the evaluators at the time of their formal assessment and NJDOH is collecting them. The gathering and assessment of the LMCC quiz will also allow the NJDOH Project Coordinator to summarize trends (areas where programs self-report being unable to meet) and plan relevant training.

As part of this approach, the NJDOH Project Coordinator developed training for the QRIS Technical Assistance Specialists. The NJDOH Project Coordinator also supported Rutgers Center for Effective School Practice (ECE Training Academy developed with Race to the Top – Early Learning Challenge funding) to develop and implement obesity prevention trainings for QIS and ECE center staff and family child care providers.

### Factors for Success in New Jersey

- NJDOH willingness to work outside of state government on ECE obesity prevention.
- The NJDOH Project Coordinator was familiar with the ECE landscape and could help identify points of connection and build relationships.
- NJDOH opportunistically looked at what was going on in the state already and tried to coordinate.
- Dedicated point of contact for the state around ECE and childhood obesity.

## PRE-SERVICE AND PROFESSIONAL DEVELOPMENT

A key element in New Jersey's integration plan has been strategic programming of 1305 funds. While National ECELC funding and 1305 funding go to different departments within NJDOH, staff made a concerted effort to ensure that funding and programming is aligned. In Year 1 and 2 of 1305 funding—beginning June 2014—NJDOH created a series of six Policy Packets and corresponding Policy Kits (quality improvement materials and supplies) to support ECE centers in setting and implementing policies that support healthy eating and physical activity. Much of the work in the National ECELC project was focused on practice change and NJDOH recognized that developing written policies that could be shared with parents and staff for years to come would help sustain the changes. Policy Packets were designed to help any provider find and use appropriate language, and the packets continue to be used by ECE programs (not only those that participated in ECELC).

Policy Packets include three nutrition-focused packets including Breastfeeding and Infant feeding, Child Nutrition and Family Style Dining. Three additional Policy Packets include Indoor/Outdoor Play, Family Engagement, and Worksite Wellness. Six corresponding Policy Kits are made available to programs when they *create, adopt and share it* with ECE contracted trainers or TA providers. Policy Kits include items such as posters, videos, parent handouts (Breastfeeding Kit), clear pitcher with lid and portion control serving spoons (Family Style Dining Kit), and activity calendars in English and Spanish and foam playground ball set (Indoor/Outdoor Play Kit). The cost of each Policy Kit was approximately \$150 and each ECE program participating in the National ECELC project was offered up to four of the six kits with submission of a policy. Approximately 150 Kits were distributed.

Also in Year 2, NJDOH collaborated with New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) to provide technical assistance and support to ECE centers participating in Grow NJ Kids. NJACCRRRA provided a one-day training conducted by a NJDOH-approved trainer for QIS from the CCR&Rs, Head Start staff, state funded preschools, CCR&R staff, and other agency staff (i.e. Department of Education, Office of Licensing). The purpose of the training was to provide consistent information on the use of the LMCC Assessment Tool to all QIS staff statewide so that they may support ECE programs participating in Grow NJ Kids. As noted above, the LMCC quiz is being collected from programs participating in Grow NJ Kids to meet the performance measure. NJDOH also created 2-hour workshops on nutrition and physical activity to train center-level staff on HEPA best practices.

## Challenges to Integration

The first challenge for New Jersey was organizational. When it was funded as a state implementation partner for the National ECELC project, the initiative was housed in the NJDOH Office of Nutrition & Fitness (ONF), Division of Family Health Services. In October 2013 ONF was restructured, leaving less bandwidth to support *ShapingNJ* and integration activities. NJDOH staff were reassigned leaving the National ECELC funded NJDOH Project Coordinator as the only staff dedicated to both running learning collaboratives and integration activities. There also remains significant state departmental isolation within New Jersey that requires intensive efforts to overcome. For example, efforts to partner with the Office of Licensing to support changes in the regulations have been slow.

The second challenge for New Jersey has been the slow pace of implementation of Grow NJ Kids. Despite best-laid plans for integrating LMCC into QRIS, NJDOH was dependent upon QRIS start-up and operational effectiveness that has been slow. Fewer than projected providers have enrolled, so the process of completing LMCC quiz and programs receiving corresponding TA has been delayed.

Finally, New Jersey, like many other states, has a lot going on with ECE and childhood obesity prevention but it has been a challenge to coordinate activities and measure progress. For example, it is difficult to get an accurate count of how many ECE programs statewide have received support related to HEPA (learning collaboratives, NAP SACC, Policy Kits, LMCC training) and whether they have made and sustained significant improvements as a result.

## Lessons Learned

Licensing changes alone are not sufficient to promote provider level changes in the achievement of HEPA best practices. It is unclear whether changes in the licensing regulations from 2012 have resulted in any significant improvements at the program level. New Jersey has not automated its licensing forms so there has been no summary of how and how often licensing staff are looking at HEPA standards and whether providers are having trouble meeting them. It is unclear whether licensing staff have been trained on the HEPA regulations and/or whether they are able to provide adequate technical assistance. While New Jersey did develop a template for licensing regulations supportive of HEPA best practices that other could use, the resulting regulations may or may not be impacting providers.

Second, New Jersey's experience illustrates the importance of State Health Departments knowing and understanding ECE in order for HEPA integration to happen, and happen in such a way that ECE providers achieve and sustain best practices and their progress is measurable.

Finally, particularly with the intersection of ECE and childhood obesity prevention, there is a strong need for coordinating agencies to be strategic about the convening and use of a stakeholder group. The stakeholder group will need concrete areas of focus for which they can provide insight and recommendations, and will also need to be kept aware of all state level activities to ensure a coordinated approach for planning and integration.

### Glossary of Key Terms

36. *Grow NJ Kids* – New Jersey's quality rating and improvement (QRIS) system.
37. *New Jersey Department of Children and Families (DCF) Office of Licensing (OL)* – State agency overseeing child care licensing regulations.
38. *New Jersey Department of Health (NJDOH)* – State implementation partner for National ECELC project, and leads *ShapingNJ*.
39. *New Jersey Department of Human Services, Division of Family Development (DFD)* – State agency overseeing *Grow NJ Kids*.
40. *ShapingNJ* – A multi-sectorial partnership to address nutrition, physical activity and obesity prevention in New Jersey.
41. *New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA)* – Child care resource and referral agency that supports access to and provision of high quality early care and education, and provides technical assistance to ECE programs.



# Virginia

## Implementing Partner: Virginia Early Childhood Foundation

### Case Study

**Participation in National ECELC:** 2014-2017

**ECE programs trained<sup>53</sup>:** 212

**Children served by trained programs:** 15,024

**Spectrum of Opportunities areas of focus:**

- **Technical Assistance** – Leveraged partnerships and funding to implement multiple technical assistance strategies to support ECE providers with tools, materials, and resources to integrate HEPA into their program.
- **Child and Adult Care Food Program (CACFP)** – Held a CACFP Summit and convened partners for ongoing work to improve the quality of nutrition for more communities with low-income children and families.
- **Pre-Service and Professional Development** – Provided training and materials on HEPA topics to professional development providers working with ECE providers. Working with the state community college system to include obesity prevention priorities in Early Childhood Education and Development Associate Degree coursework.

## Setting the Stage

In 2013 Nemours Children’s Health System and CDC identified Virginia as a state lacking substantive work on childhood obesity prevention in early care and education settings. Nemours issued a Request for Proposals to Virginia organizations interested in ECELC and in 2014 selected a joint application from the Virginia Department of Social Services (VDSS), Virginia Department of Health (VDH), Child Care Aware of Virginia (CCAVA), the Virginia Foundation for Healthy Youth and the Virginia Early Childhood Foundation (VECF). VECF was proposed as the programmatic and fiscal lead. The addition of Virginia to the ECELC coincided with the addition of Kentucky and California as states receiving funding and intensive support to implement the ECELC model and integrate childhood obesity prevention into state ECE and child health systems.

### Did you know?

**20% of 2-4 year old WIC participants in Virginia are obese. This is more than any other state.**

*Source:* Trust for America’s Health and Robert Wood Johnson Foundation. The State of Obesity 2016. Washington, D.C.: 2016

VECF was in a unique position to lead the implementation of ECELC with its partners. VECF, a non-profit public-private partnership founded in 2006, is the statewide entity entrusted with accountability, outcomes and leadership in holistic early childhood systems building. Through its “Smart Beginnings” initiatives, VECF builds the capacity of local communities to integrate programs and policies that address the comprehensive needs and opportunities across family support, health, and early learning for young children in Virginia. Since 2006, the Foundation has fostered nearly 30 locally-driven initiatives across the state, providing substantive leadership and facilitating innovative initiatives to ensure its mission that Virginia’s children enter kindergarten healthy and ready to learn.

In preparation for implementing ECELC, VECF convened an Advisory Board with members of the key state agencies that provide professional development to ECE providers in Virginia – VDSS, VDH, CCA-VA, Virginia Quality (Virginia’s Quality Rating and Improvement System), and Infant and Toddler Specialist Network (ITSN). All these entities and initiatives are interested in integrating obesity prevention best practices in ECE environments and committed to cross-training professional development providers in the *Let’s Move! Child Care* best practices. This group informs Virginia’s implementation of the ECELC.

At the time ECELC was launched in Virginia, statewide support for childhood obesity prevention in ECE was limited. However, described below are the initiatives that were in place around childhood obesity prevention and ECE program improvement.

## State Efforts Addressing Childhood Obesity

At the time Nemours funded VECF, Virginia Foundation for Healthy Youth (VFHY) and their Healthy Communities Action Teams (HCAT) did much of the state's childhood obesity work, although these efforts focused on school age and community approaches. Rev Your Bev, an annual "Day of Action" is promoted across the state to encourage water consumption in place of sugar-sweetened beverages. HCAT grants allow community organizations to implement promising practices in childhood obesity prevention suggested by the National Institute of Medicine (IOM) and the CDC. VFHY awarded more than \$1.2 million in HCAT grants during FY 2013 and 2014 to establish and/or support 18 community coalitions across Virginia to fight childhood obesity on the local level.

HCATs serve as coordinators and conveners for local activities and build momentum around increasing access to healthy foods, promoting physical activity, and preventing childhood obesity. VFHY's HCAT grantees implement a variety of strategies for childhood obesity prevention, such as working with or establishing farmers' markets to increase community access to fresh produce; increasing physical activity in children enrolled in after-school programs; creating and maintaining community gardens; increasing breastfeeding; and increasing awareness of good nutrition habits. Most of these efforts were not targeted at ECE environments however they did impact many communities and school systems.

In 2013 the Virginia Alliance of YMCAs was awarded a Pioneering Healthier Communities grant from the Robert Wood Johnson Foundation and the YMCA of the USA. The grant brought together public health, education, business, and policy leaders to focus on policy, systems, and environmental change to reduce the rate of childhood obesity in Virginia. The grant, now concluded, supported HEPA work in the ECE facilities operated by eight YMCAs across the state with training and information on HEPA standards. The grant also supported work around:

1. Increasing physical activity and nutrition components in early childhood and out-of-school time settings.
2. Increasing the number of youth participating in 150 minutes of physical activity per week.
3. Advocating for shared-use agreements with schools and community facilities to increase the number of spaces community members can access for physical activity.
4. Supporting the implementation of competitive food guidelines and policies to improve the nutritional intake of all youth.
5. Creating greater partnerships to address childhood obesity in Virginia.

The ITSN had also done some work related to obesity prevention. Through eight regional offices and 15 infant and toddler specialists located throughout the state, services are offered to ECE providers caring for children birth-36 months.

Finally, Virginia Quality provides only basic, licensing required HEPA support in ECE. Mentors receive a copy of the American Academy of Pediatrics *Caring Our Children National Health & Safety Performance Standards* for ECE programs, and many have participated in Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) or I Am Moving I Am Learning curriculum training. Virginia Quality specialists are working on-site with ECE programs that choose to participate in the QRIS, and they are available to support programs with HEPA topics.

## Timeline

### 1999

- Virginia Foundation for a Healthy Youth established by the Virginia General Assembly to empower Virginia's Youth to make healthy choices by promoting active, nutrition and tobacco-free living.

### 2013

- Virginia Association of YMCAs awarded a Pioneering Healthy Communities grant from the YMCA of the USA.

### 2014

- Nemours funds a partnership led by Virginia Early Childhood Foundation to support ECE practice level and systems changes to prevent childhood obesity.
- ECELC Stakeholder meeting held to discuss integration opportunities.
- Cohort 1 launched.

### 2015

- VECF received a grant from Bon Secours Health Systems to pilot an adapted ECELC project with family child care providers in Richmond's East End.



## State Efforts to Improve Early Care and Education

Across Virginia, close to 70% of children from birth to age five have “all available parents working” and therefore are likely enrolled in ECE programs (child care – centers and homes, Head Start, Early Head Start, preschool). As such, Virginia has directed funding at a variety of ECE program improvement efforts.

Virginia Quality, co-administered by VECF and VDSS, is a voluntary system designed with two primary purposes:

- Helping families identify high quality child care options for their young children; and
- Assisting child care and preschool programs, regardless of their setting, with their efforts to provide high quality early care and education

More than 850 child care and preschool programs participate, receiving support (on-site coaching and training) and incentives (learning materials and scholarships for continuing education) to continually improve the quality of the early learning opportunities they provide to over 34,000 children in Virginia. Local early childhood coalitions or organizations work with the state administrative hub to recruit programs and coordinate activities locally.

Virginia also has an intentional, organized system of local initiatives that connect children and families to quality early experiences for optimal development. These collaborations are known as Smart Beginnings. Smart Beginnings connect and maximize the efforts of varied early childhood stakeholders within localities. The goal is to galvanize communities to positively impact the development of children.

Finally, through VDSS, the Child Care & Development Block grant funds many ECE program improvement efforts including professional development via regional training, a statewide Infant and Toddler Specialist Network, and support for social emotional development in ECE settings.

## Establishing a Path to Success—A Plan for Integration

VECF was funded to implement ECELC in the second round of states and was therefore focused on integration from the beginning. VECF included integration opportunities in their application for funding and the Advisory Board was engaged in discussions of opportunities from their first meeting. Nemours staff visited the Advisory Board in fall 2014 and provided an overview of the Spectrum of Opportunities and helped to identify areas where members could provide support and leadership.

VECF’s well-established relationships with the ECE system facilitated a high profile for ECELC which has spurred interest in obesity prevention despite limited funds and competing priorities. These relationships also paved the way for the ECELC Project Coordinator into relevant committees.<sup>54</sup> VECF’s Smart Beginnings Initiatives have provided community support to the ECELC local projects, convening stakeholders and supporting broad outreach to recruit ECE participants.

While VECF and the Advisory Group identified opportunities across all areas of the CDC Spectrum of Opportunities, their focus has been mainly on three areas:

1. Incorporating HEPA into a variety **technical assistance** support provided to ECE providers;
2. Broadening the reach of **CACFP** to providers serving low income children at risk for obesity; and
3. Promoting HEPA topics in **professional development** offerings for ECE providers, and integrating best practice nutrition and physical activity standards for community colleges statewide to use in both a one-year certificate and a two-year Associate Degree program.



Figure 11: State Areas of Focus within the CDC Spectrum of Opportunities



# Integration Activities

## TECHNICAL ASSISTANCE

In 2015, the Virginia Department of Health (VDH) applied to CDC as a pilot state for an **online Go NAP SACC self assessment**, action planning and technical assistance tool. VDH proposed to work with Advisory Council partner CCA-VA to facilitate broad statewide ECE provider involvement. CCA-VA staff facilitated training of 17 CCA-VA consultants from five regions in online *Go NAP SACC*. These consultants subsequently recruited more than 100 ECE programs to self assess, plan for HEPA improvements, track program-level progress, and access resources. A four-hour HEPA group training (“Think Outside the Juice Box”) was co-created by CCAVA and the ECELC PC, adapted from ECELC training outlines and delivered by CCA-VA local staff. In addition to access and support from the online tool, and this group training, programs received email, phone and in-person technical assistance, and classroom equipment kits to support nutrition and physical activity improvements, using VDH’s 1305 funds. This activity extended the reach of HEPA support to ECE providers not participating in the ECELC. The *Go NAP SACC* partnership has expanded subsequently to pilot integration of *Go NAP SACC* platform and 1305-funded classroom equipment kits into the service delivery of other ECE systems’ consultants (such as Infant and Toddler Specialists, CACFP Child Care Specialists, etc.) Both the pilot partnership with ECE systems and the CCA-VA statewide training and support with *Go NAPSACC* will be expanding in 2017 to reach another 200 ECE programs in Virginia.

Eastern Virginia Medical Services (EVMS), in Norfolk, Virginia, launched a grant-funded (through HCAT) initiative in Hampton, Newport News, Chesapeake, Suffolk, Norfolk, Virginia Beach, and Portsmouth to develop **breastfeeding friendly child care (BFFCC) environments**, using guidelines and materials from the Carolina Global Breastfeeding Institute. ECELC programs in those communities are invited to participate in the EVMS training/ grant opportunity as an optional part of their 6-month follow up period, guided by ECELC trainers and EVMS Outreach Coordinator cooperatively. This initiative makes available more detailed and specific training and parent outreach resources regarding breastfeeding support as well as up to \$300 in materials to create/enhance a breastfeeding room. EVMS has also agreed that those ECELC programs which implemented breastfeeding friendly policies and practices that meet Carolina Global Breastfeeding Institute benchmarks through their learning collaborative work will be eligible to receive a “BFFCC Designation” and be listed on a registry of Breastfeeding Friendly Child Care programs.

In 2014, VFHY created materials and messages for their “**Rev Your Bev**” campaign to engage children 0-5, and launched these through ECELC. This was the first time children 0-5 were included in the campaign. Through VFHY’s partnership 70 events were held in ECE settings in central and southeast Virginia. VFHY provided resources for ECE programs to promote healthy beverages with children and families. Based on this success, VFHY has continued to engage ECE in the annual campaign which has provided needed resources and technical assistance for ECE providers around water.

Finally, in January 2015 VECF received a grant from Bon Secours Health Systems to **adapt ECELC for family child care (FCC)** providers in Richmond’s East End. While this initiative only reached 5 providers, it allowed the model to be tested with FCC providers in a low resourced community.

## CACFP

In fall 2015 the ECELC Project Coordinator and VDH Director of Community Nutrition met to discuss how Virginia’s ECELC, CACFP and WIC intersect, and how strengthening these connections might be advantageous to childhood obesity prevention across the state. CACFP federal funding limits state agency ability to provide nutrition support and training beyond essential compliance and monitoring.. ECE programs participating in the ECELC program often request help developing acceptable menus that exceed CACFP nutrition guidelines, and it was discussed how partners could work together to help address this need.

Subsequent to this conversation, VDH and a number of Advisory Council partners developed a USDA Team Nutrition grant proposal to expand the bandwidth of the state CACFP staff to provide training and technical assistance. VDH proposed to provide intensive nutrition and physical activity training and support to CACFP providers including support with new meal patterns, and to develop HEPA standards that would be recommended for amendment of Virginia’s child care licensing regulations. Even though the application wasn’t funded, it spurred additional conversations between cross sector partners on the need for state agencies invested in child health and in quality child care to work more closely supporting nutrition and HEPA standards for ECE programs.

In June 2016, VECF and several state agency partners convened a State CACFP Summit to build momentum and cultivate cross-sector collaboration to more robustly support ECE enrollment in CACFP. The summit resulted in the formation of workgroups which produced recommendations to address barriers to ECE provider enrollment in CACFP as a strategy to improve the quality of nutrition for children in communities with low income families and children.

State partners are now working together to:

- Extend eligibility to non-licensed religious exempt child care providers to enroll in CACFP and have support doing so;
- Compile a data portrait of CACFP regional and local utilization rates by ECE to identify areas of CACFP “unmet need,” and to inform outreach and targeted CACFP enrollment activities;
- Execute cross-agency agreements to promote CACFP more intentionally to ECE providers; for example, including information about the value of CACFP and local CACFP contact information in all VDSS New Provider Orientation Trainings statewide, so that all providers seeking licensure learn about this nutrition resource.
- Promote CACFP enrollment of early care providers in Southwest and rural Virginia and enrollment of more family child care providers statewide; and
- Partner with No Kid Hungry Virginia team to engage local support for and expansion of CACFP (and possibly WIC) at the community level.

## PRE-SERVICE AND PROFESSIONAL DEVELOPMENT

A variety of individuals provide professional development to Virginia’s ECE providers (Infant and Toddler Specialist Network, Child Care Aware of Virginia, Virginia’s QRIS mentors/raters, Child Care Health Consultants, Head Start Health Coordinators). Not only do these professionals benefit receiving training regarding childhood obesity, but they need motivation to prioritize health topics in their work with providers. HEPA changes are often easy and quick to make which provides instant success for programs and technical assistance providers can see change.

ECELC’s Advisory Council partnerships facilitated cross program collaboration and leveraging of resources to support Obesity Prevention activities within Virginia’s pre-service and professional development systems. IN 2014, HEPA-specific supply kits (were funded with CDC 1305 grant) were used to engage TA providers to focus on HEPA because they had something to give programs and a way to start the conversation. VECF has conducted webinars, given presentations and trained CCA-VA mentors, Virginia Quality coordinators and mentors, Smart Beginnings coordinators, VDH child care health consultants, and Infant and Toddler specialists using the ECELC information. VECF worked with ITSN specialists to explore existing alignments in ITNS goals (breastfeeding, infant and toddler movement and activity, responsive feeding) and obesity prevention priorities. These specialists were also trained on the overall ECELC project and specifically on action planning so they could provide another level of TA support to programs participating in learning collaboratives.

In 2015, the statewide ITSN network leveraged their partnership in ECELC to create the *Celebrating Healthy Babies and Tots* all-day institute delivered in four regions of the state which focused on child health and physical activity with a frame of early obesity prevention. The Institute featured recommendations from Nemours’ *Child Care Provider’s Guide* and the *Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy*. Conference workshops were built around best practices in infant/toddler physical activity, and the National ECELC project coordinator served as keynote speaker. Statewide audio conferences and webinars for ECE providers also provided information on health and nutrition.

Utilizing the services of Dr. Dianne Craft, VECF, VDH and CCA-VA partnered to host a stakeholders meeting addressing the importance of promoting physical activity in early care, and plan a train-the-trainer session for Virginia’s ECE technical assistance providers. In summer 2015, VDH and CCA-VA hosted forty-five trainers and mentors from Virginia’s ECE technical assistance systems (see list above) for a 4-hour session, which included science-based rationales for a wide range of physical activities, and presentation of strategies to help ECE educators integrate age-appropriate and varied physical activity into early learning environments. Evaluations of this session were very positive. VDH plans to offer additional train-the-trainer sessions with Dr. Craft via webinar to reach professional development providers who were unable to travel to Richmond for this in-person training.

The Early Childhood Education Faculty Peer Group within Virginia’s Community College System has agreed to incorporate key obesity prevention concepts and material from the ECELC into two classes taught in 18 colleges across the state, highlighting childhood obesity prevention as a critical issue for early care professionals, and ensuring that expert consensus recommendations regarding nutrition and physical activity are addressed. One targeted class is required for early childhood education Associate Degree seekers (EDU 235 Health, Safety, and Nutrition Education), and the other class is a frequently selected elective for other students (HLT 135 Health, Safety and Nutrition).

The ECELC coordinator is working with college faculty to ensure that these lesson plans align with existing course objectives, and can ultimately be delivered both face-to-face and online, reaching approximately 1000-1200 students annually. When launched, these lesson plans will make it easy for instructors to incorporate consistent, best practice-specific information into classes that build the knowledge of students who will likely become ECE educators.

## Challenges to Integration

Virginia has experienced challenges in coordinating and aligning the work related to ECE and childhood obesity prevention; programs have grown exponentially since the launch of the ECELC. Even bolstered by strong partnerships, Virginia’s ECE service systems contend with competing priorities and program boundaries. The Nemours funded Project Coordinator has worked to cultivate partnerships across agencies and serve on various committees to better align the work and ensure that HEPA integration continues to be part of conversations around training and professional development for ECE providers.

The lack of a fully implemented state-wide QRIS has proven challenging. While designed to coordinate all ECE program improvement efforts, Virginia’s QRIS has been undergoing redesign during the implementation of the ECELC. As such, it has been unclear when/if a stronger focus on HEPA could be included. More recently, Virginia Quality partners have expressed interest in integrating stronger HEPA priorities, and plans to develop a training module on best practices as well as a crosswalk of health practices with Virginia Quality levels are being explored.

## Lessons Learned

Involvement of stakeholders via the Advisory Group has proven invaluable as they have been essential partners in planning integration work. VECF worked hard to not only work in partnership with Advisory Group agencies but to facilitate partner ownership of the integration plans.

VECF and their partners have also learned that timing of integration opportunities is not always right (see QRIS example above) but that being ready to take advantage of opportunities is important. For example, the HEPA standards work done as a result of preparing a Team Nutrition grant has better prepared the partners for HEPA standards implementation.

### Glossary of Key Terms

- 42. **Virginia Department of Health (VDH)** – State department involved in Virginia child obesity prevention efforts, overseeing CACFP, WIC, child care health consultants and other statewide initiatives. Participates on National ECELC project Advisory Group.
- 43. **Virginia Department of Social Services (VDSS)** – Oversees ECE program licensing, and administers Child Care & Development Block grant funding to provide professional development via regional training, a statewide Infant and Toddler Specialist Network.
- 44. **Virginia Early Childhood Foundation (VECF)** - A non-profit public-private partnership founded in 2006. It is a statewide overseeing early childhood systems building in Virginia, the “Smart Beginnings”, and capacity-building of local communities to implement initiatives, and is the state implementation partner for the National ECELC project.
- 45. **Virginia Quality** – Virginia’s quality rating and improvement system, co-administered by VECF and VDSS.



## Integration Highlights: *Child and Adult Care Food Program*

The Child and Adult Care Food Program (CACFP) is a federal program that provides funding reimbursement for meals and snacks served to low-income children in early care and education (ECE) settings. Participating ECE programs follow CACFP standards regarding meal patterns in portions. Many states provide training or technical assistance to ECE providers related to CACFP, and some use CACFP as a guide for licensing regulations, quality rating and improvement system (QRIS) standards, or other state-based programs. In 2016, new CACFP standards were released. These new standards go into effect October 1, 2017 providing an opportunity and increased need for training and supports from states to ECE providers on implementation of nutrition best practices before this implementation deadline.

As defined in the *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE)*, CDC Technical Assistance Briefing Document, there are three primary ways states can use CACFP to help promote healthy eating and decrease obesity in young children in ECE<sup>55</sup>:

1. **Providing CACFP training and technical assistance** focused on nutrition, breastfeeding, physical activity, and screen time education for children, teachers and parents;
2. **Enhancing state CACFP standards to align with other national nutrition guidelines** such as the U.S. Dietary Guidelines for Americans if they do not already; and
3. **Providing information** on how to increase CACFP participation among facilities.



Figure 12: Areas of Focus within the CDC Spectrum of Opportunities

Among the 10 states/regions participating in the National Early Care and Education Learning Collaborative (ECELC) project from 2013-2017, two have focused on CACFP as one of their primary strategies to integrate obesity prevention into state systems: **Missouri and Virginia**. Highlights of these states' efforts are provided below, and additional detail is available in each state's *Case Study for Integrating Obesity Prevention into State ECE Systems*.

Missouri and Virginia's efforts, though different, illustrate the importance of cross-agency and sector collaboration to support ECE programs in their implementation of best practice nutrition standards.

### *Missouri: Aligned ECELC Curriculum with State Initiatives to Support ECE Programs to Meet Healthy Eating and Physical Activity (HEPA) Best Practices*

Child Care Aware of Missouri (CCAMO), the National ECELC state implementation partner, aligned the ECELC learning curriculum with the *Eat Smart/MOve Smart* program and branding, which helped expand those programs' reach and certification throughout the state. *Eat Smart* was developed by the Missouri Department of Health and Senior Services (DHSS) to address the eating habits of young children in ECE settings, and includes nutrition guidelines at three levels: minimum, intermediate, and advanced. Providing support for programs participating in CACFP is an integral aspect of the initiative. Through the National ECELC project, CCAMO provided ECE staff with strategies, resources, and technical assistance that helped them to achieve improvements in their policies and practices. These improvements would also enable programs to meet *Eat Smart/MOve Smart* guidelines and achieve state certification. CCAMO helped DHSS promote their program and reach ECE sites across the state that may not have been able to participate in the effort due to the agency's limited bandwidth

and resources to provide technical assistance. Staff from DHSS and Cooperative Extension have also presented at ECELC Learning Sessions to orient participating ECE staff on the nutrition, physical activity, and breastfeeding support programs and incentives for being certified. Connecting these initiatives was mutually beneficial to CCAMO and DHSS. ECE programs viewed ECELC learning collaboratives as part of a broader statewide effort, instead of duplicative.

#### *Virginia: Held a CACFP Summit and Worked Toward Improved Nutrition for More Communities*

In fall 2014 the ECELC Project Coordinator from the Virginia Early Learning Foundation (VELF), National ECELC state implementation partner, and Virginia Department of Health (VDH) Director of Community Nutrition met to discuss how Virginia's ECELC project, CACFP and WIC intersect, and how strengthening these connections might be advantageous to childhood obesity prevention across the state. CACFP federal funding limits state agency activities to monitor and provide compliance training for participants. ECE programs participating in the ECELC project often request help developing acceptable menus that exceed CACFP nutrition guidelines, and it was discussed how VDH might help address this need. Thus, VDH applied for a USDA Team Nutrition grant to expand the bandwidth of the state CACFP staff to provide training and technical assistance. VDH applied to train CACFP providers on new meal patterns and to develop HEPA standards that could be woven into Virginia's child care licensing regulations. Although the application wasn't funded, it spurred a conversation between cross sector partners on the need for HEPA standards for ECE.

As a next step, VECF spearheaded a CACFP Summit in June 2016 with participation from a variety of state agencies and stakeholders. The summit resulted in the formation of workgroups to address barriers to ECE provider enrollment in CACFP and how these can be overcome so that more eligible providers will participate. The workgroups are also looking at how CACFP participation can improve the quality of nutrition to more communities with low-income children and families.



## Integration Highlights: *Emerging Opportunities*

The *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE)*, CDC Technical Assistance Briefing Document, defines opportunities on the spectrum for achieving policy and practice change. Many of these opportunities are shared by states. However, there may be additional opportunities unique to a particular region or state. Those avenues for change are categorized as “Emerging Opportunities.”<sup>56</sup>

Among the 10 states/communities participating in the National Early Care and Education Learning Collaborative (ECELC) project from 2013-2017, three have focused on Emerging Opportunities as one of their primary strategies to integrate obesity prevention into state systems; **Arizona, North/Central Florida, and South Florida**. Highlights of partners’ efforts in these states’ are provided below, and additional detail is available in each state’s *Case Study for Integrating Obesity Prevention into State ECE Systems*.

The emerging opportunities implemented in Arizona, North/Central Florida and South Florida varied. Strategies ranged from expanding training through modified ECELC models (e.g., North/Central Florida’s adaptations to support Head Start grantees) to collaboration with stakeholders for coordinated services, communications, and training. While many of the strategies highlighted below touch on other areas of the spectrum – for example, Funding & Finance or Family Engagement – the strategies are characterized as Emerging Opportunities because they are particularly unique. The uniqueness stems from *new engagement or partnerships* with stakeholders, *different ways of thinking about obesity prevention in state systems* and *uncommon sources of funding* or support.



Figure 13: Areas of Focus within the CDC Spectrum of Opportunities

### *Arizona: Leveraged multiple avenues of integration to elevate a statewide focus on obesity prevention in ECE settings*

The Arizona Department of Health Services (ADHS), National ECELC state implementation partner, leveraged multiple emerging opportunities to integrate healthy eating and physical activity (HEPA) activities into Arizona’s state systems.

**State Health Improvement** – In 2015, state stakeholders finalized the Arizona State Health Improvement Plan, which included childhood obesity prevention initiatives and strategies. As the Plan moved into the implementation phase, ADHS’ Bureau of Nutrition and Physical Activity (BNPA) was invited and participated on a workgroup to help align childhood obesity prevention efforts statewide. Likewise, the Arizona Supplemental Nutrition Assistance Program-Education (SNAP-Ed), supported by the Arizona Nutrition Network (AzNN), released a request for proposals (RFP) that dovetailed state efforts to elevate a focus on obesity prevention. The RFP solicited stakeholders interested in applying for a three-year grant designed to encourage implementing partners to execute several obesity prevention strategies. Three of those strategies focused specifically on early childhood development. Nineteen grantees were chosen, a majority of which have chosen to focus on at least one ECE strategy. An extended 20-year contract was also made available to further this work and has become part of the Arizona State Health Improvement Plan. The AzNN also developed protocols to ensure proper guidance is provided to SNAP-Ed partners who chose to work on an ECE strategy.

**Avandia Settlement Grant** – From 2012-2016, ADHS had unexpected opportunities for funding to support HEPA work with ECE. In 2012, the State of Arizona received over 3 million dollars from a diabetes drug manufacturer due to unlawful promotion of their product. Part of this funding was issued as grants from the Arizona Attorney General’s Office (AGO). BNPA applied for funds in 2015 to focus on training Child Care Group Homes (CCGH) on the tenets of the National ECELC project. In 2015, ADHS received \$400,000 from the Avandia settlement to train 300 CCGH over the course of two years.

Several types of data, including data from the Avandia contract, 1305 activities, Head Start/Early Head Start, National ECELC project (Empower PLUS+), and Quality First were analyzed to compare the effectiveness across all these projects. As a result of ADHS' efforts to raise awareness for Empower<sup>57</sup> and analyze data across all projects targeting ECE providers, the Department of Economic Security (DES) partnered with BNPA in 2016 to require enrollment in the Empower program for all Family Child Care (FCC) providers in the state. This brought the total of Empower facilities to approximately 3,000 throughout the state of Arizona.

*San Carlos Tribe* – In 2015, a National ECELC trainer who worked for the United Way in Tucson and Southern Arizona was awarded the amount of \$150,000 from First Things First for a 3-year project focused on healthy eating and physical activity. Using the ECELC learning collaborative model and materials, the trainer ran collaboratives with the San Carlos tribe in rural Arizona, which included parents and families, Head Start participants, and other tribal members. A total of eight ECE programs participated in the first year of training. United Way is currently planning its second year of training with ECE providers on the San Carlos Apache Reservation.

#### *North/Central Florida: Collaboration with Head Start programs to fully engage programs in the National ECELC project*

During the three years of implementation of the National ECELC in North/Central Florida, strong partnerships have been developed with many Head Start (HS) and Early Head Start (EHS) grantees. The HS/EHS grantee that supports HS/EHS in Orange, Osceola, and Seminole counties participated in the first cohort of the National ECELC in North/Central Florida. This partnership provided a significant learning opportunity for Nemours to determine the “best fit” for HS grantees participating in the National ECELC project. Nemours learned that for HS/EHS grantees, a site-by-site approach to participation in the National ECELC did not provide cohesive and sustainable changes to the individual HS sites.

Nemours developed an alternative approach for HS participants in the National ECELC whereby individual HS site managers/teachers along with an individual from the grantee administration would participate in the National ECELC as a team. This promotes buy-in at the HS site level as well as the administrative level to support sustainable changes in the HS programs. HS/EHS programs often set policies and procedures (e.g., curriculum, menu planning) at the grantee level, which later gets implemented at the site level. Therefore, this multifaceted approach would not only allow for a greater level of awareness about the importance of change but also improve the implementation process of said changes. In the second year of the National ECELC project, Nemours partnered with Orange County Head Start to develop a Memorandum of Understanding (MOU) that reflected this alternate approach and would support Orange County Head Start's participation in the National ECELC.

#### *South Florida: Partnered to integrate obesity prevention into statewide systems and promote consistent obesity prevention messages across South Florida*

Early Learning Coalition of Miami Dade and Monroe Counties (ELCMDM), National ECELC state implementation partner, leveraged partnerships with staff at Help Me Grow and YMCA of South Florida to promote consistent messaging, referral services, training and support to help South Florida children grow up healthy.

*Help Me Grow* – In early 2016, ELCMDM collaborated with the staff of Help Me Grow<sup>58</sup> to discuss the integration of childhood obesity prevention/intervention into Help Me Grow referral services. Together, the organizations developed a framework for the referral system, which involves three main components:

- **Development of a Miami-Dade County Online Childhood Obesity Prevention/Intervention Resource Guide:** This will be comprised of organizations providing services related to HEPA best practices, health care providers and practitioners.
- **Utilization of the Guide:** The guide will be used to provide referrals to Miami-Dade County families who are concerned about their children's weight.
- **Advocating for the use of the Guide:** Advocate for Miami-Dade County pediatricians to utilize this referral system and serve as a referral source for families of children ages 0-5 years old as children are identified as overweight or obese.

Collaboration between ELCMDM and Help Me Grow is ongoing and they continue to work toward integrating obesity intervention referral services for 0-5 year olds into Help Me Grow's services.

*YMCA of South Florida* – In March 2016 leaders from ELCMDM and YMCA of South Florida met to discuss partnering to maximize childhood obesity prevention efforts in South Florida. The organizations explored adapting the YMCA’s HEPA Standards so that they are more in line with *Caring for Our Children, Preventing Childhood Obesity* standards and sharing information about training on those standards with ECE programs and community partners. ELCMDM developed a HEPA standards adaptive model for infant, toddlers and preschoolers. In follow up meetings with the YMCA of South Florida, it was determined that ELCMDM and the YMCA would co-brand the adapted standards and seek funding to provide an array of services that would target ECE programs, teachers and families. Additional services include community-based informational trainings for ECE providers who have not participated in HEPA training, incentives for providers and families, a recognition program for ECE providers and a public awareness campaign to promote the revised HEPA standards to families and communities.



## Integration Highlights: *Licensing and Administrative Regulations*

ECE program licensing regulations establish a minimum set of health, safety, and program standards that must be followed to legally operate a child care program. Licensing regulations are defined by a state, and in some cases, counties, cities, or municipalities.<sup>59</sup>

As defined in the *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE)*, CDC *Technical Assistance Briefing Document*, there are five primary ways states can use CACFP to help promote healthy eating and decrease obesity in young children in ECE<sup>60</sup>:

1. **Requiring that facilities meet specific nutrition, breastfeeding, physical activity, and screen time standards** (e.g., setting a minimum number of minutes per day of physical activity);
2. **Incentivizing facilities to meet standards voluntarily through a reduction in licensing fees;**
3. **Requiring ECE providers to obtain training, continuing education or certification in obesity prevention**, including nutrition, breastfeeding, physical activity, and screen time;
4. **Incorporating obesity prevention messages and standards into coursework, training, and education requirements for ECE providers;** and
5. **Requiring that all facilities meet the Child and Adult Care Food program standards** regardless of participation in the program.



Figure 14: Areas of Focus within the CDC Spectrum of Opportunities

Among the 10 states/regions participating in the National Early Care and Education Learning Collaborative (ECELc) project from 2013-2017, five have focused on Licensing and Administrative Regulations as one of their primary strategies to integrate obesity prevention into state systems: **Arizona, Kentucky, Los Angeles, CA, Missouri, and New Jersey**. Highlights of these efforts are provided below, and additional detail is available in each location's *Case Study for Integrating Obesity Prevention into State ECE Systems*.

Four of these locations—Kentucky, Los Angeles, Missouri, and New Jersey—focused on promoting the inclusion of healthy eating and physical activity (HEPA) standards in licensing regulations as their primary strategy. The efforts are ongoing and stakeholders continue to advocate for HEPA to remain at the forefront of planning. Arizona's strategy focused on aligning the ECELc program with a HEPA initiative tied to state licensing regulations. In California, stakeholders also supported approved legislation that now requires that providers participating in Preventive Health and Safety Practices (PHSP) Training receive a 1-hour training on child nutrition.

**Arizona:** *Leveraged Arizona's Empower program to align HEPA messages, and built supports for ECE providers to achieve HEPA standards.*

At the start of the National ECELc project, Arizona Department of Health Services (ADHS), Nemours' state implementation partner, and their partners identified an existing ECE health and wellness initiative, Empower, which could be built upon. Empower is a voluntary initiative led by ADHS Child Care Licensing that focuses on integrating best practices for healthy eating, physical activity, oral health, sun safety, and smoking cessation into licensed ECE programs through a set of enhanced standards. The National ECELc project materials were customized and branded to align with Empower, and to ensure further alignment the learning collaboratives were named Empower PLUS+. Co-branding aided with communication efforts with stakeholders, recruitment of ECE providers, and ensured alignment with existing and planned efforts by Child Care Licensing to promote HEPA.

The ADHS Bureau of Nutrition and Physical Activity (BNPA) partnered with ADHS Child Care Licensing in 2013 to monitor ECE programs' compliance with Empower standards and to collect data that would inform future training and technical assistance on HEPA topics. Using the Centers for Disease Control and Prevention (CDC) 1305 funding and with technical assistance from CDC, the project coordinator began collecting data about Arizona's 1305 basic and enhanced activities in ECE programs. Data was also gathered from Head Start/Early Head Start programs, ECE programs participating in ECELC (Empower PLUS+), and Quality First (Arizona's quality rating and improvement system) to help identify gaps in types of providers served, technical assistance provided, and HEPA content delivered. As a result of this data collection and analysis, training materials, including the Empower Guidebook, 3rd edition, were revised in 2016 with a lens on family engagement, children with special health care needs and disabilities, language and cultural accommodations, multi-age groups and home settings.

*Kentucky: Promoted the inclusion of HEPA best practices into revised licensing regulations*

In 2014, when the Kentucky Department of Public Health (KY-DPH) was planning its HEPA integration activities, the opportunity arose to recommend changes to the state's child care licensing regulations. KY-DPH leveraged this as an opportunity to embed stronger regulations related to healthy environments. KY DPH has been active in promoting the inclusion of HEPA best practices into the revised regulations, collaborating with the Division of Child Care which oversees licensing regulations.

A state Child Care Regulations Committee (CCRC) was formed to oversee revisions to the licensing regulations, and the committee sought input from stakeholders. In February 2015, the PFK ECE Committee convened to brainstorm recommendations related to physical activity, menus, and breastfeeding. Then, in June 2015, KY DPH convened stakeholders to brainstorm a "wish list" of HEPA standards that was submitted to the CCRC and included suggested regulations related to infant feeding, screen time, and reducing and eliminating juice. The revised regulations are pending, and stakeholders await the opportunity to comment on the proposed regulations.

*Los Angeles: Advocated for improve licensing regulations that include HEPA best practices*

Child Care Aware of Los Angeles (CCALA), Nemours' local implementation partner, worked closely with the Resource and Referral Network in California to advocate in Sacramento for the adoption of improved licensing standards. As new legislation is drafted and put forward to appropriations, CCALA continues its advocacy work. CCALA has prepared recommendations that include best practices in healthy eating and physical activity and will submit those recommendations when the state is accepting public comments on new recommendations.

Additionally, in 2013, California governor Jerry Brown signed AB 290 into law which increased the required hours of the Preventive Health and Safety Practices (PHSP) Training for providers to include one hour on childhood nutrition. AB 290 established that for child care licensures issued on or after January 1, 2016, providers receiving PHSP training will receive at least one hour of childhood nutrition training. CCALA supported the passing of AB 290 through letters of support with the California Department of Education, and is working to align existing professional development for ECE providers in Los Angeles County with AB290 training.

*Missouri: Collaborated with stakeholders and provided recommendations for the inclusion of HEPA topics in revised licensing regulations*

In 2014, Child Care Aware of Missouri (CCAMO), Nemours' implementation partner, and stakeholders began exploring changes to the child care licensing rules that could positively impact the health and development of Missouri's children. A statewide subcommittee on childhood obesity was formed.

Missouri stakeholders developed a three-stage approach to improve licensing. Prior to launching the first stage, CCAMO and the Public Health Law Center conducted a landscape analysis of all policies impacting the standards, including gaps, barriers and synergies in MO's current child care policies. By 2016, CCAMO had secured funding for *Stage 1* to develop a stakeholder prioritization survey in partnership with the University of Missouri—Kansas City. The survey aimed to narrow the focus of the licensing review by identifying the key gaps in current licensing rules most critical to 1) normal growth and development, 2) promoting and developing healthy behaviors, and 3) prevention of childhood obesity. By December 2016, the survey had been issued and completed, and detailed findings will be available in early 2017 and directly inform the next stage.



The subsequent stages will focus on a survey of child care professionals, including program directors, administrators, and teachers in child care facilities (stage two) and focus groups/community meetings to gather input from other constituent (stage three). Based on the findings from these efforts, partners will outline strategic steps to advance implementation of new standards including communication, legislation (if needed), rules changes, and implementation support for new standards.

*New Jersey: Continued focus on including best practice HEPA standards in licensing regulations and aligning training to those standards*

In 2012, New Jersey enacted revised licensing regulations that put a greater emphasis on health, nutrition, and active play. Therefore, when New Jersey Department of Health (NJDOH) was funded as the state implementation partner for the Nemours in 2013, licensing regulations were already an area of the Spectrum of Opportunities to pursue for integration activities. NJDOH aligned training, including the ECELC, with the new regulations, to reach hundreds of providers statewide.

Then, in 2016, NJDOH had the opportunity to weigh in on licensing regulations for Family Child Care homes. NJDOH convened members of the *ShapingNJ*<sup>61</sup> early care and education setting workgroup to conduct a focus group survey with providers to understand what standards would be simple to meet and which they would find more difficult. Advocates submitted findings, recommended standards, rationale and research references to the state agency overseeing licensing regulations. Unfortunately, in an anti-regulatory environment, these recommendations were not implemented. However, other states may find New Jersey's group process useful for advocacy as well.



## Integration Highlights: *Pre-Service and Professional Development*

Pre-service training is the training required in states for individuals to become early care and education (ECE) providers and work in licensed ECE facilities. Professional development is the ongoing training required for ECE providers. Many states define in their licensing regulations the type and frequency at which continuing education credits (professional development) must be earned by ECE providers.

As defined in the *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE)*, CDC *Technical Assistance Briefing Document*, there are four primary ways states can use CACFP to help promote healthy eating and decrease obesity in young children in ECE<sup>62</sup>:

1. **Ensuring that educators of ECE professionals are trained on nutrition, breastfeeding, physical activity, and screen time** and that early childhood degree programs include this material in required coursework;
2. **Offering optional coursework in obesity prevention** for those students interested in learning more about adult and child health;
3. **Requiring that state certification and continuing education programs incorporate nutrition, breastfeeding, physical activity, and screen time messages;** and
4. **Offering optional training in obesity prevention for certification and continuing education programs** for those providers interested in going beyond minimum requirements. This can be incorporated as part of a state QRIS or special designation for providers and facilities.



Figure 15: Areas of Focus within the CDC Spectrum of Opportunities

Among the 10 states/regions participating in the National Early Care and Education Learning Collaborative (ECELC) project from 2013-2017, eight have focused on Pre-service and Professional Development as one of their primary strategies to integrate obesity prevention into state systems; **Arizona, Indiana, Kentucky, Los Angeles, CA, Missouri, New Jersey, North/Central Florida, and Virginia**. Highlights of these states' efforts are provided below, and additional detail is available in each state's *Case Study for Integrating Obesity Prevention into State ECE Systems*.

### *Arizona: Development of online training modules on HEPA topics to align with Empower*

A professional development online system for ECE providers in Arizona was being developed when Arizona Department for Health Services (ADHS) was funded as the state implementation partner for the National ECELC project. Yet, specific trainings related to Empower standards did not yet exist nor were available for ECE providers participating in Empower. In 2015, the ECELC project coordinator participated in the development of ten online training modules that align with each of the ten Empower<sup>63</sup> standards. Creation of these modules was an opportunity to align professional development with Empower, while offering licensing hours to ECE providers who completed training. These trainings are self-guided PowerPoint presentations with a narrative that providers can complete at their own pace to receive a training certificate. Licensing has approved these trainings as an option for the required three hours of annual Empower topics. All ten modules will be available on a redesigned Empower website by summer 2017.

Additionally, to continue to engage National ECELC project participants after the learning collaboratives ended, ADHS developed a monthly newsletter to highlight materials and events that would be of interest to ECE providers and stakeholders. If opportunities or activities arise between the releases of the monthly newsletters, ADHS sends an email blast to all National ECELC project participants, other interested ECE providers, and internal and external partners. This effort was supported by CDC 1305 activities.

### *Indiana: Multi-pronged strategy to increase the availability of training opportunities on HEPA topics*

Indiana Association for Child Care Resource and Referral (IACCRR, state implementation partner until fall 2016) and public and private stakeholders in Indiana worked throughout their participation in the National ECELC project to identify opportunities to increase trainings throughout the state that focus on HEPA topics. Primary integration activities include:

*Infant/Toddler Feeding Training* – IACCRR helped to identify key partners to inform the development of an infant/toddler feeding training that would provide consistent and clear information to ECE providers statewide. Indiana Breastfeeding Coalition, Child Care Workgroup and IACCRR then worked together to develop a one-hour training for providers. The training is successfully implemented across the state by Infant Toddler Specialists, and participants may receive training hours for licensing upon completion.

*Family Engagement Toolkit* – Indiana developed a self-assessment tool for ECE programs, *Indiana Early Childhood Family Engagement Toolkit* to help programs understand where they are and how they can improve practices and policies to engage families. The tool was initially implemented as part of the National ECELC project in Indiana and was integrated into each learning session to bridge HEPA topics with family engagement strategies. It is broadly framed to help enhance family engagement strategies related to HEPA and non-HEPA topics.

*Conferences* – IACCRR helped to coordinate an Indiana Infant Toddler Institute in 2015, and included obesity prevention as one of the key topics. Early Learning Indiana, National ECELC state implementation partner since fall 2016, will continue to plan this institute and ensure that HEPA topics are included in workshops or presentations at state and local conferences going forward.

### *Kentucky: Developed online modules to accompany the ECELC project and provide accessible training on HEPA topics to ECE program statewide*

With 1305 funding, Kentucky Department of Health (DPH) is developing four, 2-hour, online modules for use with participants in the National ECELC project. The modules will also be available to all KY ECE providers who are interested in accessing professional development on healthy eating and physical activity. Providers will be able to access the online trainings through the University of Kentucky Human Resources Development Institute platform. Each of the four modules will have a unique focus on creating healthy environments in ECE settings: healthy eating, physical activity, family engagement, and staff wellness. The online modules—while largely reflective of the content in the National ECELC curriculum—are being customized to reflect Kentucky-specific information (e.g., licensing, early learning standards). Additionally, a technical assistance (TA) package is in development for each module, and the TA package will be available to all licensing, QRIS, CACFP and professional development trainers in the state. It is expected that the training modules and TA package will be complete by spring 2017.

### *Los Angeles, California: Enhancing the breadth of HEPA-focused professional development available to ECE programs*

*Child Care Aware of Los Angeles (CCALA)*, state implementation partner for the National ECELC project, has worked to increase training provided to ECE providers through multiple avenues.

*Choose Health LA Child Care (CHLA CC)* – As part of their participation in the ECELC project, participants are introduced to CHLA CC and invited to attend a CHLA CC training and receive two additional coaching sessions from a CHLA CC coach. Participation in CHLA CC is voluntary and the participants may attend the training at a time that is convenient for them (i.e. either during or after the ECELC project).

*Breastfeeding Friendly Child Care Toolkit* – The Alameda County Breastfeeding Coalition developed a Breastfeeding Friendly Child Care Toolkit. CCALA, in partnership with LA County Department of Public Health, worked with Alameda County to adapt their toolkit and tip sheets to work for ECE providers in LA County.

*Parent Trainings* – CCALA believed that Parent Trainings and Engagement related to HEPA were a key component missing from its programs. Through Choose Health LA Child Care, CCALA developed a bilingual, 1-hour parent training which was piloted at several centers (including ECELC centers) throughout LA County. The training was offered at no cost to current ECELC participants and QRIS California State Preschool Programs. For a fee, the training is available to other child care providers. CCALA intends to seek funding to continue offering this training to ECE programs.

*A la Carte Workshops* – CCALA developed multiple, hands-on workshops in the obesity prevention content areas that could be taken “a la carte” or together, depending on the type of training programs are seeking. Examples of workshops include: structured physical activity, creating a healthy menu, parent engagement, and gardening.

*Missouri: Modified ECELC project to ensure clock hours for ECE providers, and offered new HEPA training opportunities to ECE programs statewide*

Before launching the National ECELC project in Missouri, Child Care Aware of Missouri (CCAMO), National ECELC state implementation partner, ensured that the ECELC learning sessions and action period tasks were approved for clock hours and included on the statewide workshop calendar. CCAMO had to modify the action period tasks by having trainers directly lead the tasks on-site at each participating ECE program versus other states where center directors can train their own staff. This was an important modification since clock-hours are an important incentive for ECE providers and helps keep them engaged throughout the 10 month collaborative.

In an effort to provide ECE programs with on-going support and resources after the collaboratives ended, CCAMO partnered with the DHSS, the YMCA Alliance, and the Missouri Foundation for Health to launch *Wellness Roundtables for Child Care* in 2015. The wellness roundtables provided information on improving nutrition and physical activity practices in ECE settings along with networking time for staff. The roundtables were open to past ECELC participants as well as any other interested ECE programs.

Finally, in 2014, using USDA Team Nutrition funding the Missouri Department of Health and Human Services contracted with CCAMO to deliver *I am Moving, I am Learning (IMIL)* trainings across the state for two years. Through offering IMIL training there was an opportunity to streamline messaging with the ECELC framework. The contract was renewed in 2016 with 1305 funding and CCAMO continues to provide training to ECE programs across Missouri.

*New Jersey: Developed Policy Packets and corresponding Policy Kits to support ECE centers in setting and implementing policies that support HEPA*

With 1305 funds New Jersey Department of Health (NJDOH), National ECELC state implementation partner, created a series of six Policy Packets and corresponding Policy Kits (quality improvement materials and supplies) to support ECE centers in setting and implementing policies that support healthy eating and physical activity. Helping programs develop written policies that could be shared with parents and staff for years to come would help sustain practice changes. Policy Packets include Breastfeeding and Infant feeding, Child Nutrition, Family Style Dining, Indoor/Outdoor Play, Family Engagement, and Worksite Wellness. Six corresponding Policy Kits are made available when an ECE policy was *created, adopted and shared* with ECE contracted trainers or technical assistance providers. Policy Kits include items such as posters, videos, parent handouts (Breastfeeding Kit), clear pitcher with lid and portion control serving spoons (Family Style Dining Kit), and activity calendars in English and Spanish and foam playground ball set (Indoor/Outdoor Play Kit).

NJDOH also partnered with New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) to provide technical assistance and support to ECE centers participating in Grow NJ Kids, New Jersey's QRIS. NJACCRRRA provided a one-day training with the purpose of providing consistent information on the use of the *Let's Move! Child Care Checklist* to all Quality Improvement Specialists statewide so that they may support ECE programs participating in Grow NJ Kids. Pre and post-test LMCC Checklists are being collected from programs participating in Grow NJ Kids to meet the performance measure. NJDOH also created 2-hour workshops on nutrition and physical activity to train center-level staff on HEPA best practices.

*North/Central Florida: Collaborated with state partners to award clock hours and CEUs to providers participating in the National ECELC project*

At the start of the National ECELC project, Nemours worked with leadership at Florida Department of Children and Families (DCF) to obtain approval to award 30 in-service hours to ECE providers for their participation in the National ECELC project. DCF also approved participation in the National ECELC as a source of ‘professional development/evaluation work’ required to renew a Director’s credential or CDA, per state requirements for a program to maintain its status as a licensed program. ECE providers can now also earn in-service hours for the action period work required by the National ECELC project. Each staff member may earn two in-service hours for each action period, totaling 10 in-service hours if they complete all action periods of the National ECELC project.

In the second year of implementation of the National ECELC project in North/Central Florida, the ability to earn Continuing Education Units (CEUs) for participation was added as an additional incentive for ECE providers. Unlike in-service hours, which are tied to a facility's licensing status, CEUs are required for individual ECE personnel to renew his or her child care credentials. Each year, ECE providers are required to earn 4.5 CEUs to maintain licensure and credentials in the state. Nemours partnered with an approved IACET (International Association for Continuing Education and Training) to offer up to 3.0 CEUs to ECE providers participating in the National ECELC.

*Virginia: Offered 'supply kits' to encourage ECE programs to focus on HEPA topics and cross trained technical assistants and specialists on the ECELC project and content*

A variety of individuals and organizations provide professional development to Virginia's ECE providers, and not only do these professionals need to be trained but they need motivation to prioritize health topics in work with providers. In Virginia, supply kits (funded via CDC 1305 grant) were provided to technical assistance providers with QRIS and the state's Infant Toddler Specialist Network to encourage them to focus on HEPA with programs and have a gift for programs as a way to start the conversation. Virginia Early Childhood Foundation (VECF) has also conducted webinars, given presentations and trained a variety of technical assistants and specialists that work with ECE programs using the ECELC information. The purpose of this cross training was to influence the amount and depth of information these specialists are able to provide during their work with ECE programs. These specialists were also trained on the overall ECELC project and specifically on action planning so they could provide another level of technical assistance support to programs participating in learning collaboratives.



## Integration Highlights: *Quality Rating & Improvement Systems*

A Quality Rating and Improvement System (QRIS) is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and programs.<sup>64</sup> QRIS are often managed at the state level, and are defined by a recognizable set of criteria that and rating system that is used to define how well early care and education (ECE) programs are meeting established quality standards. As defined in the *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE)*, CDC Technical Assistance Briefing Document, there are four primary strategies to incorporate obesity prevention into QRIS<sup>65</sup>:

1. **Designating specific nutrition, breastfeeding, physical activity, or screen time standards** needed to reach higher quality ratings (e.g., setting a minimum number of minutes per day of physical activity above what is required in state licensing regulations);
2. **Requiring participating providers to conduct a systemic assessment of their policies and practices related to obesity prevention**, such as the assessment included in the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) intervention;
3. **Including obesity prevention-specific technical assistance activities** in the set of materials and resources that programs participating in QRIS receive; and
4. **Incorporating obesity prevention information into coursework training and education requirements** for ECE providers.



Figure 16: Areas of Focus within the CDC Spectrum of Opportunities

Among the 10 states/regions participating in the National Early Care and Education Learning Collaborative (ECELC) project from 2013-2017, five have focused on QRIS as one of their primary strategies to integrate obesity prevention into state systems; **Indiana, Kansas, Los Angeles, CA, New Jersey and South Florida**. Highlights of these states' efforts are provided below, and additional detail is available in each state's *Case Study for Integrating Obesity Prevention into State ECE Systems*.

Indiana, Kansas, Los Angeles, CA, New Jersey and South Florida's QRIS-related integration activities fall into three main categories: standards, assessment, and technical assistance, aligning with strategies 1 through 3 identified above.

### *Indiana: Inclusion of Healthy Eating and Physical Activity (HEPA) Standards in Revised QRIS*

Revising Indiana's QRIS, Paths to QUALITY, into a more robust system with revised standards has been a focus of state ECE stakeholders in recent years, and is in the CCDF 2016-2018 state plan with a goal to complete revisions by 2019. In addition, *Indiana's Comprehensive Nutrition & Physical Activity Plan, 2010-2020* has a goal of integrating HEPA into Paths to QUALITY. Indiana's Early Learning Advisory Committee (ELAC), Child Development and Well-Being Workgroup, on which early learning and public health stakeholders serve, has been instrumental in providing information and guidance to inform the inclusion of healthy eating and physical activity standards in Paths to QUALITY.

Although broader system level change related to QRIS has not yet been achieved, the focus remains at the forefront for Indiana stakeholders committed to children's health and wellness. Stakeholders continue to work within the pace and changes in leadership at the state level to maintain momentum toward improvements to Paths to QUALITY, a strategy to ensure the longevity of HEPA topics as a part of the fabric of the ECE system in Indiana.

### *Kansas: Planning to Integrate HEPA Standards in QRIS Development and Providing Technical Assistance for the Achievement of HEPA Practices*

Kansas is in the initial stages of developing a QRIS. Child Care Aware of Kansas (CCA KS), Nemours state implementation partner, and stakeholders hope to integrate standards related to HEPA into the Kansas Quality Rating and Improvement System (KQRIS) and have put supports in place to work toward this goal. The Kansas Department of Health and Environment hired a QRIS state coordinator to support development, but progress toward completion of KQRIS has been slow. In Winter 2016, Kansas launched a pilot QRIS project, targeting five ECE programs. CCA KS was awarded a contract to provide technical assistance (TA) services in support of KQRIS to a small group of ECE providers. A trainer from the ECELC project was selected to provide coaching and oversight of the TA and incorporate best practices of healthy eating and physical activity, providing a connection between CCA KS, ECELC work and the future reach of KQRIS. This connection allows for consistent messaging and the ability to ensure HEPA best practices are included in KQRIS TA.

### *Los Angeles, California: Collaboration with Partners to Develop Countywide QRIS with HEPA Standards and Supports*

From 2013-2015 there were two local QRIS operating in Los Angeles County, one run by the LA Office of Child Care (LA OCC) and the other by LA Universal Preschool (LAUP). LA OCC subcontracted with Child Care Aware of Los Angeles (CCALA), Nemours' local partner, to provide QRIS coaching services to participating providers. Then, in 2015, the California Department of Education released a grant addressing QRIS in preschool sites. They chose to only fund one QRIS system for LA County, and a partnership was formed between LA OCC, LAUP, and CCALA and the group began to migrate into a new unified QRIS, Quality Start Los Angeles (QSLA). CCALA and LAUP remain coaching partners for QSLA, and are working with the QSLA Leadership Team to towards program consistency.

Additionally, funding is provided through the California State Preschool Program Block Grant for QRIS for parent training. CCALA provides obesity prevention best practices training for parents through this grant. They are conducting a needs assessment among parents of children in CA State Preschool and will develop other nutrition/physical activity trainings according to the results, tied to the QRIS.

As QSLA partners look to expand QRIS, the group will be conducting learning journeys, studying best practices, and figuring out a system that will work within a county as diverse as Los Angeles. CCALA is a member on a 'QRIS Architects' committee overseeing development and continues to work to ensure that HEPA best practices are incorporated in the new QRIS for LA County, which is expected to move to pilot in fall 2017.

### *New Jersey: Integration of HEPA-focused Self-Assessment and Training for Technical Assistants*

In 2015, when New Jersey's QRIS was growing as a result of federal Race to the Top – Early Learning Challenge funding, the New Jersey Department of Health (NJDOH) took the opportunity to advocate for inclusion of HEPA into the system. In that same time period, NJ Department of Human Services, Division of Family Development (DFD), lead for Grow NJ Kids, led a stakeholder group for the development of a Grow NJ Kids Self-Assessment Tool. The group was comprised of a number of key stakeholders, including the National ECELC Project Coordinator from NJDOH. Through this stakeholder group NJDOH staff were able to directly communicate their support of HEPA best practices and the inclusion in the standards. NJDOH was successful in adding the *Let's Move! Child Care* (LMCC) Checklist to the enrollment packet required for ECE programs to participate in Grow NJ Kids.

The Grow NJ Kids enrollment packet includes an application and self-assessment tools for providers to use to establish a baseline in various program improvement areas. After an ECE center director/owner completes the LMCC Self-Assessment, they work with their assigned Child Care Resource and Referral (CCR&R) Quality Improvement Specialist (QIS) to decide on best practice goals they wish to work on. All programs submit their LMCC Technical Assistance (TA) Tool to the evaluators at the time of their formal assessment. NJDOH is collecting LMCC pre and post TA Tools for enrolled Grow NJ Kids programs working with a CCR&R QIS staff. The gathering and assessment of the LMCC Checklists will also allow the Project Coordinator to summarize trends and plan relevant training state-wide.

In 2015, the Nemours' local implementation partner, Early Learning Coalition of Miami-Dade/Monroe, coordinated with the QRIS administrator to plan for the integration of health and wellness into Quality Counts, South Florida's QRIS. Planning discussions are ongoing and Health & Wellness will be added to Quality Count's Supplemental Guidelines for Quality Improvement (voluntary, best practice recommendations)<sup>66</sup> when Quality Counts launches its revised standards in late 2017.

To leverage QRIS and integrate health and wellness into Quality Counts in the meantime, the ECELC project coordinator identified opportunities to train and provide resources to Quality Counts Quality Improvement Specialists (QIS), as well as participating Quality Counts centers, on HEPA topics. Private grant funding is being leveraged to train Quality Counts QIS staff on how to observe and report whether Quality Counts centers are engaging their preschoolers in 60 minutes of daily structured physical activity and providing healthy nutrition. Beginning in spring 2017 these trained QIS will monitor, assess and refer centers for additional training related to structured physical activity.

## REFERENCES FOR: *National Early Care and Education Learning Collaboratives (ECELC)* *Integration of Childhood Obesity Prevention into State/Local ECE Systems*

1. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCO), included in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, (3rd ed.).
2. Case studies were written for Arizona, North/Central Florida, South Florida, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey. For the purpose of the summary, there are 10 states/regions highlighted which include Los Angeles, CA. Alabama is in the preliminary stages of integrating HEPA in to its state system and thus not included in this report. Contra Costa, CA did not include integration work in their ECELC activities.
3. In Virginia, the state partner's activities fall primarily into the Pre-Service and Professional Development area of the Spectrum.
4. Help Me Grow is a national initiative that helps to identify children at-risk for developmental or behavioral disabilities and connects children and families with community-based programs for health-related services. In South Florida, Help Me Grow is administered by Switchboard Miami.
5. Other states' strategies included a focus on technical assistance (TA) as part of other change strategies. For example, TA offered as part of a new initiative or to accompany trainings or use of toolkits.
6. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCvO), included in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, (3rd ed.).
7. The avenues for change illustrated in the Spectrum are described in detail in the Spectrum of Opportunities document, available on the CDC's website - [https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-for-obesity-prevention-in-early-care-and-education-setting\\_tabriefing.pdf](https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-for-obesity-prevention-in-early-care-and-education-setting_tabriefing.pdf)
8. <http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>
9. <http://www.acf.hhs.gov/occ/fact-sheet-occ>
10. <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>
11. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
12. **Standard 1:** Provide at least 60 minutes of daily physical activity, including adult -led and free play. Limit screen time to three hours of less per week and no more than 60 minutes of sedentary activity at a time.  
**Standard 2:** Practice "sun safety."  
**Standard 3:** Provide a breastfeeding-friendly environment.  
**Standard 4:** Determine whether the facility is eligible for the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), and participate if eligible.  
**Standard 5:** Limit serving fruit juice to no more than two times per week.  
**Standard 6:** Serve meals family-style and do not use food as a reward.  
**Standard 7:** Provide monthly oral health education or implement a toothbrushing program.  
**Standard 8:** Ensure that staff members and child care providers receive three hours of training annually on Empower topics.  
**Standard 9:** Make Arizona Smokers' Helpline (ASHLine) education materials available at all times.  
**Standard 10:** Maintain a smoke-free environment.
13. 1. Support development, implementation and evaluation of food, beverage and physical activity policies and environments consistent with Empower standards. 2. Improve the capacity of child care providers and food service personnel in nutrition education, healthy meal planning and food preparation. 3. Improve the capacity of child care providers to give children daily opportunities for physical activity including outside play when possible.  
<http://www.eatwellbewell.org/collaborators/resources/early-childhood-development#strategies>
14. In Arizona, child care group homes (CCGH) serve between 5-10 children.

**REFERENCES FOR: *National Early Care and Education Learning Collaboratives (ECELC)*  
*Integration of Childhood Obesity Prevention into State/Local ECE Systems***

15. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
16. <http://www.myflfamilies.com/service-programs/child-care/prevent-obesity>
17. <http://flipany.org>
18. <http://www.myflfamilies.com/service-programs/child-care/fccpc>
19. <http://www.floridaearlylearning.com/coalitions.aspx>
20. [http://www.floridaearlylearning.com/sites/www/Uploads/14-Draft-FY2016-2018%20CCDF%20Plan%20Preprint%20%2012-17-15\\_final\\_markup\\_SC\\_Comments\\_CLEAN\\_PDF\\_ADA.pdf](http://www.floridaearlylearning.com/sites/www/Uploads/14-Draft-FY2016-2018%20CCDF%20Plan%20Preprint%20%2012-17-15_final_markup_SC_Comments_CLEAN_PDF_ADA.pdf)
21. <http://www.myflfamilies.com/service-programs/child-care/goldseal>
22. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
23. <http://www.myflfamilies.com/service-programs/child-care/prevent-obesity>
24. <http://flipany.org>
25. <http://www.miamidadematters.org/index.php?module=Tiles&controller=index&action=display&alias=MDCPPWGoal3>
26. The Consortium for a Healthier Miami-Dade is a consortium of over 400 organizations committed to strengthening “policies, systems and environments’ in Miami-Dade. The Children’s Issues Committee focuses specifically on the health and wellness of children and promoting healthy lifestyles. (<http://www.healthymiamidade.org>)
27. If a county’s licensing standards meet/exceed those set by DCF then they may administer their own licensing programs.
28. <http://www.myflfamilies.com/service-programs/child-care/fccpc>
29. <http://www.floridaearlylearning.com/coalitions.aspx>
30. [http://www.floridaearlylearning.com/sites/www/Uploads/14-Draft-FY2016-2018%20CCDF%20Plan%20Preprint%20%2012-17-15\\_final\\_markup\\_SC\\_Comments\\_CLEAN\\_PDF\\_ADA.pdf](http://www.floridaearlylearning.com/sites/www/Uploads/14-Draft-FY2016-2018%20CCDF%20Plan%20Preprint%20%2012-17-15_final_markup_SC_Comments_CLEAN_PDF_ADA.pdf)
31. <http://www.myflfamilies.com/service-programs/child-care/goldseal>
32. Currently, the Supplemental Guidelines address only Health & Safety, Ratio & Group Size, and Program Administration.
33. From 2013-2016, implemented by Indiana Association for Child Care Resource & Referral (IACCRR).
34. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
35. Indiana State Department of Health and the Indiana Healthy Weight Initiative Task Force. (2010). *Indiana’s Comprehensive Nutrition and Physical Activity Plan, 2010-2020*. Indianapolis, Indiana: Indiana State Department of Health.
36. <http://www.jumpinforhealthykids.org>
37. <http://usa.childcareaware.org/wp-content/uploads/2016/06/IndianaSummarySheet-final.pdf>
38. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
39. The ECELC curriculum uses The ABC’s of a Healthy Me framework to increase understanding of HEPA best practices with five key messages: healthy beverages, limiting screen time, promotion of breastfeeding, increasing physical activity and healthy eating habits.
40. [http://www.kdheks.gov/bcclr/facilities/FY2016\\_Total\\_Facility\\_Count\\_&\\_Capacity.pdf](http://www.kdheks.gov/bcclr/facilities/FY2016_Total_Facility_Count_&_Capacity.pdf)
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42. <http://fitky.wordpress.cdpehs.com/wp-content/uploads/sites/2/2014/09/ECE-Call-to-Action.pdf>
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**REFERENCES FOR: *National Early Care and Education Learning Collaboratives (ECELC)*  
*Integration of Childhood Obesity Prevention into State/Local ECE Systems***

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46. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
47. <http://www.mobudget.org/wp-content/uploads/2015/10/Early-Education-Invest-in-MO-October-20151.pdf>
48. <https://dese.mo.gov/sites/default/files/eel-el-2016-FY16-17-MPP-Administrative-Manual.pdf>
49. <http://www.mobudget.org/wp-content/uploads/2015/10/Early-Education-Invest-in-MO-October-20151.pdf>
50. <http://teach-missouri.org/>
51. <http://www.mobudget.org/wp-content/uploads/2015/10/Early-Education-Invest-in-MO-October-20151.pdf>
52. This number includes only programs served in cohorts 1-4 that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
53. This number includes only programs in cohorts 1-4 that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
54. Lt. Governor's Commonwealth Council on Childhood Success, Health and Well Being Workgroup; VDH Interagency Task Force on Obesity; and the Virginia Cross-Sector Professional Development Consortium.
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56. Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE), CDC Technical Assistance Briefing Document: <https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-obesity-prevention.pdf>
57. A voluntary initiative led by ADHS Child Care Licensing that focuses on integrating best practices for healthy eating, physical activity, oral health, sun safety, and smoking cessation into licensed ECE programs. ADHS co-branded the National ECELC project with Empower to ensure consistent messaging and enhance buy-in among ECE providers and stakeholders.
58. Help Me Grow is a national initiative that helps to identify children at-risk for developmental or behavioral disabilities and connects children and families with community-based programs for health-related services.
59. <http://childcareaware.org/providers/opening-a-new-child-care-program/getting-your-business-licensed/>
60. Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE), CDC Technical Assistance Briefing Document: <https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-obesity-prevention.pdf>
61. ShapingNJ is a diverse, multi-sectorial partnership to address nutrition, physical activity and obesity prevention in New Jersey. The goal of this partnership was and is to prevent obesity and improve the health of populations at risk for poor health outcomes in New Jersey by making "the healthy choice, the easy choice."
62. Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE), CDC Technical Assistance Briefing Document: <https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-obesity-prevention.pdf>
63. Initiative led by ADHS Child Care Licensing that focuses on integrating best practices for healthy eating, physical activity, oral health, sun safety, and smoking cessation into licensed ECE programs.
64. Administration for Children and Families, QRIS Resource Guide: <https://qrisguide.acf.hhs.gov>
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66. Currently, the Supplemental Guidelines address only Health & Safety, Ratio & Group Size, and Program Administration.







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