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

Pre-Service and Professional Development

Nemours. Children's Health System

September 2018

Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement to support childhood obesity prevention in early care and education settings. The views expressed in written materials or publications does not necessarily reflect the official policies of the Department of Health and Human Services nor does the mention of trade names, commercial practices or organizations employ endorsement by the U.S. Government.

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Thanks to the following who shared their feedback, provided comments, and offered feedback on the case studies:

Caliste Chong, Julie Odom &Gail Piggot, Alabama Partnership for Children
Bonnie Williams, Arizona Department of Health Services
Meredith Reynolds, CDC
Christi Smith and Leadell Ediger, Child Care Aware of Kansas
Beth Ann Lang & Jessica Rose-Malm, Child Care Aware of Missouri
Wil Ayala & Pam Hollingsworth, Early Learning Coalition of Miami, Dade and Monroe Counties
Marta Fetterman, Early Learning Indiana
Rebekah Duchette, Kentucky Cabinet for Health & Family Services
Juliet Jones & Peri Nearon, New Jersey Department of Health
Emily Keenum & Kathy Glazer, Virginia Early Childhood Foundation

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

Overview as of September 2018

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).

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.

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[1] and implementation support for these standards into components of state and local ECE systems.

As of September 2018, 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[1] 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.

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 had been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC's '*The Spectrum of Opportunities* Framework for State-Level Obesity Prevention Efforts' 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 built 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 influenced how and when integration of best practice support into ECE systems was achieved. This case study series explores some of 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.

Figure 1: CDC *Spectrum of Opportunities* (2.0)

Development and Purpose of State Case Studies

In fall 2016, Nemours gathered information from its ECELC partners, reviewed monthly progress and integration plans, and complied case studies describing each partner's integration efforts. Reports for several states/communities and reports by Spectrum area where completed in July 2017 and posted on *www.healthykidshealthyfuture.org*.[2] In summer 2018, Nemours updated these case studies to reflect the continued successes of ECELC state partners. 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.

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 systems, 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*.

Pre-service and Professional Development Systems. Pre-service and Professional Development Systems were the area of the *Spectrum of Opportunities* most frequently leveraged by partners participating in the National ECELC. Nine out of eleven used Pre-service and Professional development to integrate HEPA activities. Partners in Arizona and Kentucky created ***online modules aligned with 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. Alabama trained professional development providers as well as licensing consultants on HEPA best practices.

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. Six partners focused on Licensing and Administrative Regulations as a primary integration strategy. In Alabama, 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). Six partners in Indiana, Kansas, Los Angeles, CA, New Jersey, South Florida, and Virginia 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. Five of the six 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[3]—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. Additionally, Virginia co-created an on-line QRIS module that explicitly ***linked HEPA best practices to Virginia's Early Learning Standards and QRIS system***.

ECE Funding Streams. Three states used ECE Funding Streams to further their integration work. 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***. Alabama secured ***funding through the Child Care Development Fund*** to expand ECELC to other counties in the state and Indiana ***secured additional grant funding*** to expand ECELC to reach new providers as well.

Child Care Food Program (CACFP). Partners in Missouri, Virginia, Indiana, and Alabama 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 Summi***t 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.

Work in Indiana and Alabama is focused on increasing awareness and provider participation. Indiana conducted CACFP mapping of participants, and created ***marketing and outreach tools to increase enrollment of new providers***. Alabama also completed mapping of providers and is working to ***develop outreach tools to increase participation***.

Statewide Recognition and Intervention Programs. Partners in three states focused on Statewide Recognition and Intervention Programs—South Florida, North/Central Florida, and Alabama. In 2018, Florida partners worked to ***create and launch a Statewide Early Childhood Education Recognition Program***. The program celebrates ECE programs that prioritize healthy eating and physical activity best practices. Alabama is working to launch a ***statewide breastfeeding friendly designation*** program, providing a toolkit and training for interested providers.

Technical Assistance. Three partners (in Kansas, Kentucky, and Virginia) focused on Technical Assistance as a primary integration activity.[4] 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. 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.

Statewide Access Initiatives. Partners in South Florida and Alabama focused on statewide access initiatives. South Florida worked to ***integrate childhood obesity prevention/intervention into the referral service Help Me Grow***. This allows Help Me Grow to connect families with health care providers and community agencies to support children's healthy weight. In Alabama, partners have been working on implementing a statewide initiative to ***provide support to ECE programs regarding procuring fresh and locally grown produce*** for use in the child care setting through Farm to ECE.

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 are 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.

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As of July 2018, 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[5] 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.

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.[6] 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 spectrum areas different spectrum areas 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.

Figure 2: CDC *Spectrum of Opportunities* (2.0)

Child and Adult Care Food Program (CACFP)[7] – 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)[8] – 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[9]: 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.

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* Framework for State-Level Obesity Prevention Efforts Targeting the Early Care and Education Setting, there are four primary ways states can use Pre-Service and Professional Development Systems to help promote healthy eating and decrease obesity in young children in ECE[10]:

1. Ensure availability of **on-demand trainings** for CEUs
2. Require **core content in ECE certification/ degree programs**
3. Ensure **optional training in ECE certification/ degree programs**
4. Ensure that **state-approved trainers are qualified to train** on current obesity prevention standards and best practices for achieving them

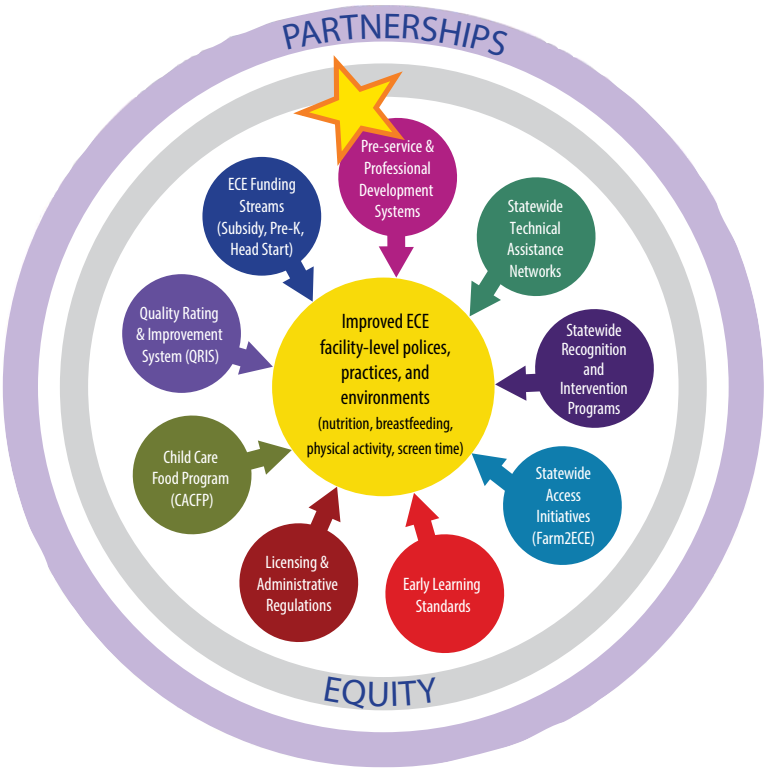

Figure 3: State Areas of Focus within the CDC *Spectrum of Opportunities* (2.0)

Among the 11 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[11] 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 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 though 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 (NJACCRRA) to provide technical assistance and support to ECE centers participating in Grow NJ Kids, New Jersey's QRIS. NJACCRRA 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.

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 Alabama, 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. 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. 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.
5. 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.).
6. 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/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf***
7. ***https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program***
8. ***https://www.acf.hhs.gov/occ/fact-sheet-occ***
9. ***https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/past-program.html***
10. *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE)*, CDC Technical Assistance Briefing Document: ***https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf***
11. 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.

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