National Early Care & Education Learning Collaboratives Project

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Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102-01) to support states/localities in launching early care and education learning collaboratives focused on childhood obesity prevention. The views expressed in written materials or publications, or by speakers and moderators do 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 imply endorsement by the U.S. Government.


The ECELC
Model

CDC/Nemours

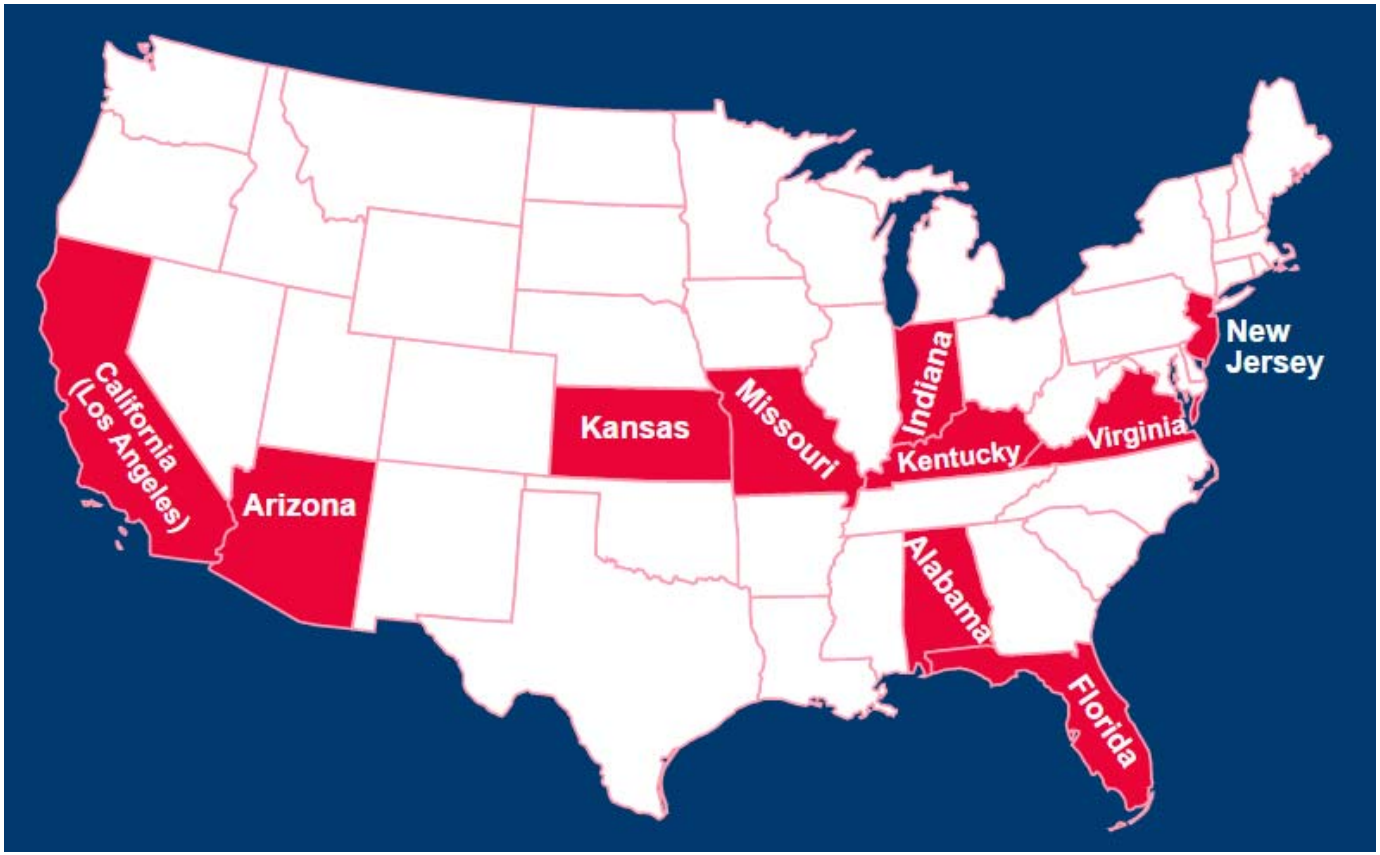
- 5 Year (2012 – 2017) Cooperative Agreement
  - The National Early Care & Education Learning Collaboratives (ECELC) Project
    - Nemours funds state/local implementation partners (public/private organizations)
- Launch and incorporate *learning collaboratives* in participating states/localities, with overall goals to:
  - Strengthen state partnerships to improve the quality of obesity prevention practices in ECE programs
  - Increase the number of ECE programs that meet that *Caring for Our Children Obesity Prevention* standards that are the focus of the *Let's Move! Child Care* initiative.

The Model – Two Simultaneous and Synergistic Approaches

- **Practice change** to support **ECE providers** to meet best practices in Healthy Eating, Physical Activity, Screen Time and Breastfeeding (as defined by Caring for our Children and LMCC). *State/local partners are provided materials, guidance, technical assistance, peer support and evaluation.*

- **Systems change/integration** to weave best practices into state and **local ECE infrastructure**. Work is done via a state/local plan that is developed and implemented in coordination with stakeholders, takes advantage of opportunities, and reflects realities. *States/localities are provided technical assistance, coaching and peer support from other states to integrating childhood obesity prevention into one or more components of their ECE systems using the CDC's Spectrum of Opportunity.*

ECELC Reach



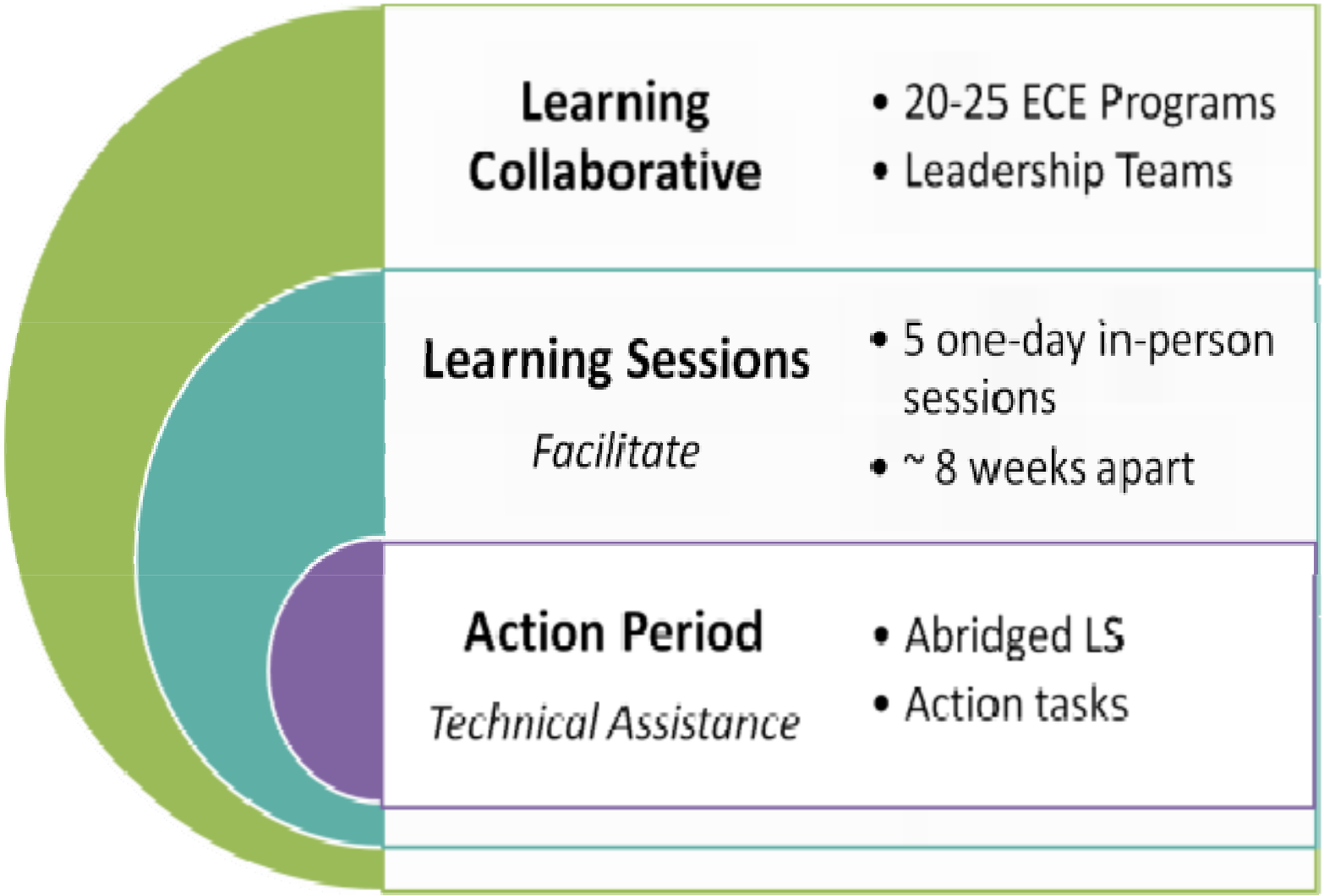
- Total Kids Reached: 167,069
- Total Programs Reached: 1,827
- Collaboratives Completed: 80


Practice
Change

Summary of the Model – Micro or Provider Level

- A collaborative is comprised of **leadership teams** from 20-30 ECE programs. A leadership team is 2-3 center staff – Center Director, Teacher, cook, parent. Each collaborative has 2 assigned trainers/technical assistance providers.
- Aligned with national best practice guidelines from:
  - *Lets Move!* Child Care (LMCC)
  - Preventing Childhood Obesity in Early Care and Education Programs (2nd Edition)
  - Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) tool
- Robust evaluation via Gretchen Swanson Center for Nutrition

ECE Learning Collaborative Model



Taking Steps to Healthy Success

- Original curriculum was directly taken from the Delaware model
- "3rd Edition" curriculum has evolved:
  - Refined, clearer directions, more structure
    - Revisions based on feedback and lessons learned
    - Final version of the ECELC Curriculum
- Customized to meet state needs
  - Translated into Spanish and Creole in Miami
  - Branding/alignment with existing initiatives, e.g. Arizona's *Empower*, Missouri's *MOveSmart*, *EatSmart*
  - Adapted for family child care providers

Results to Date

Let's Move! Child Care Checklist Quiz (LMCC)

- A majority of programs evaluated reported overall improvement toward meeting best practices
- Most items demonstrated improvement in number of programs meeting the best practice from baseline to post-assessment
- The items that have tended to improve by the largest margin include *fried meat* and *screen time education for parents*

Results to Date

Nutrition and Physical Activity Self-Assessment for Child Care 2.0 (NAP SACC)

- Across all NAP SACC areas assessed, the mean scores increased significantly from baseline to post-assessment
- Programs tend to report largest improvement in the topic area of Child Nutrition
- Programs that participated in CACFP, participated in Head Start, were accredited, or were for-profit tended to improve more than others

Lessons Learned – provider level

- Technical assistance on '**how' to meet and sustain best practices (operationally)** is more important than education on best practices.
- Providers own health is often the motivation for changes. ECE **staff wellness** is a concern.
- **Child directed classroom curricula** on healthy eating and physical activity (i.e. IMIL, SPARK) aren't implemented consistently.
- Link best practices to **ELG, licensing standards and QRIS standards** whenever possible because ECE providers are confused and overwhelmed.
- TA is only effective from staff who **build relationships** with providers to influence change – content knowledge isn't that important.
- **ECE providers are often overwhelmed** by people coming to 'help'. Need to all work together but existing helpers (licensing, CACFP monitors, QRIS coaches) don't know the best practices or 'how tos'.
- **Center leadership** is key.
- Weave-in **parent involvement/engagement**.
- Most important incentive is **licensing or professional development credits.**


Systems
Change

Summary of the Model – Macro or Systems Level

• Use CDC's Spectrum of Opportunities to help each state/local partner identify ways to integrate content into existing state ECE and child health systems (i.e. professional development, licensing, CACFP, QRIS).

•Each state developed a sustainability plan for supporting providers that went through learning collaboratives and for bringing HEPA content support to all other providers in the state through systems integration.

•Nemours and CDC meet bi-monthly with state/local partners to provide coaching and TA around this system level work and to track progress (activities).

•Connecting state partners with other childhood obesity prevention initiatives (i.e. YMCA's Promoting Healthy Communities, Farm to Preschool)

— FIGURE 1 —

Spectrum of Opportunities for Obesity Prevention in Early Care and Education Settings

Systems Change/ Integration

- We aren't trying to promote a certain model or approach
- **Need to spread, scale and sustain support for ECE providers** to meet best practices
  - Goal for each state or community is to figure out which 'feathers' to work on and how to weave in childhood obesity prevention
- **There is no correct approach or right answer;** in one state licensing may be the best approach, but in another in may not.
- States have tools and technical assistance to look at the opportunities, challenges, funding opportunities and integration options.

Integration of HEPA into State ECE Systems

- Kentucky – licensing regulations, “wish-list”
- Missouri – CACFP recognition program & active stakeholder group
- Indiana – QRIS & active stakeholder group
- North Florida – QRIS points linked to ECELC participation
- New Jersey – QRIS self-assessment using LMCC quiz and program improvement

Lessons Learned - Systems Change/ Integration

- States need to figure out where the opportunities are and what's achievable. **There is no correct approach or right answer;** in one state licensing may be the best approach, but in another in may not.
- Don't build or create something new, **look at what exists and how to strengthen HEPA in existing systems** that already reach ECE providers. This approach doesn't necessarily require new funding.
- Some states have a lot going on at the system level (VOICES – AHA, Healthy Communities – YMCA, Public Health Law Center) but there is a **lack of coordinated planning and leadership**.
- **ECE and child health players** aren't always aligned the state level.

STRATEGIES & SUPPORT ›

SPECTRUM OF CHANGE

RESOURCES FOR CHANGE

STATE EXAMPLES

TAKE THE QUIZ

STEPS FOR CHANGE: CREATING A PLAN TO PREVENT CHILDHOOD OBESITY

Early care and education (ECE) settings are a critical places for obesity prevention efforts. When healthy eating and physical activity habits are acquired during the preschool years, they can last a lifetime.

Steps for Obesity Prevention in ECE Settings

As you plan your strategy for early childhood obesity prevention in your community, it is advised to work through the following steps in order. Before working through the steps, it is helpful to have a

LEARN MORE:
SPECTRUM OF OPPORTUNITIES

Create a strategy to implement

Click here for resources to support obesity prevention strategies in ECE

Click here for examples of how different states have found opportunities to improve childhood obesity prevention

Thank You!
Questions? Please contact

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