

Healthy Kids, Healthy Future: Promising Practices and Policies for Obesity Prevention and Health Promotion in Early Care and Education

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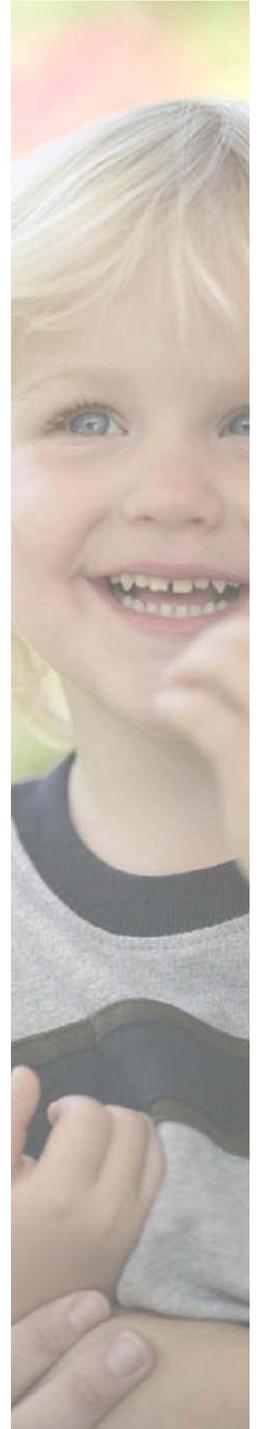


Nemours Vision

Optimal health and development for all children.

Nemours Health and Prevention Services (NHPS) Mission

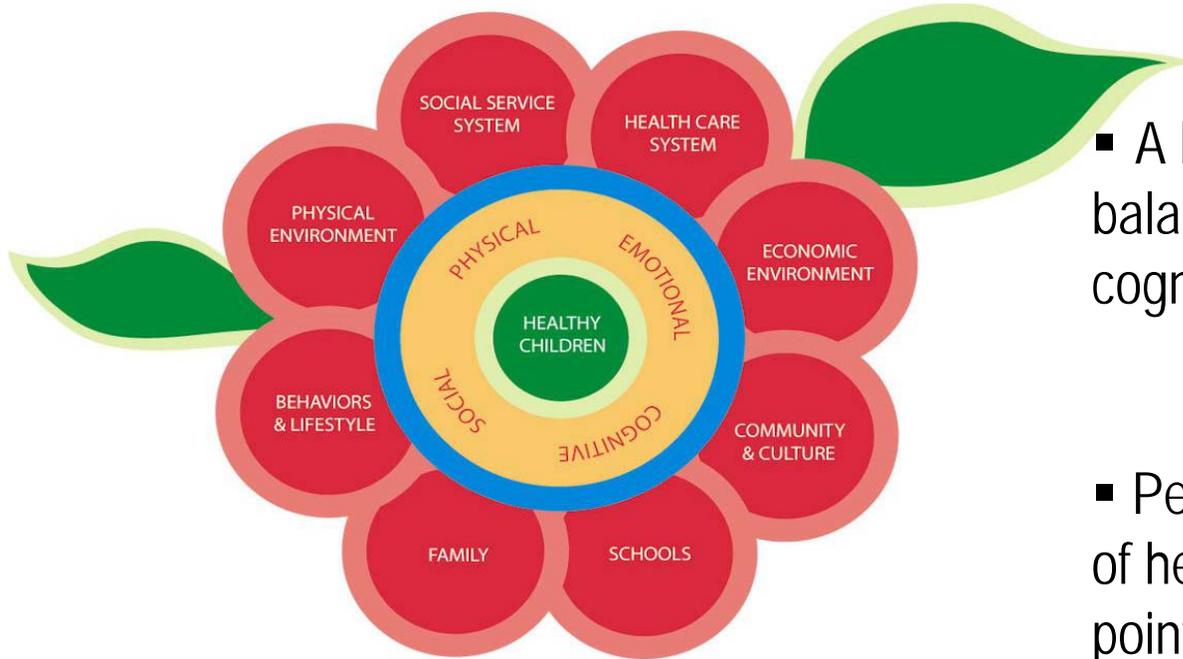
NHPS, an operating division of Nemours, is dedicated to working with others to help children lead healthier lives.



Nemours Health and Prevention Services

- In 2003, Nemours redefined its approach to address health as well as health care
- NHPS focuses on child health promotion & disease prevention to address root causes of health problems
 - First initiative is preventing childhood obesity
- NHPS complements and expands the reach of clinicians by providing a broader, community-based perspective
- NHPS target population includes all 228,000 children in Delaware as compared to the 50,000 children who use the Nemours pediatric care system

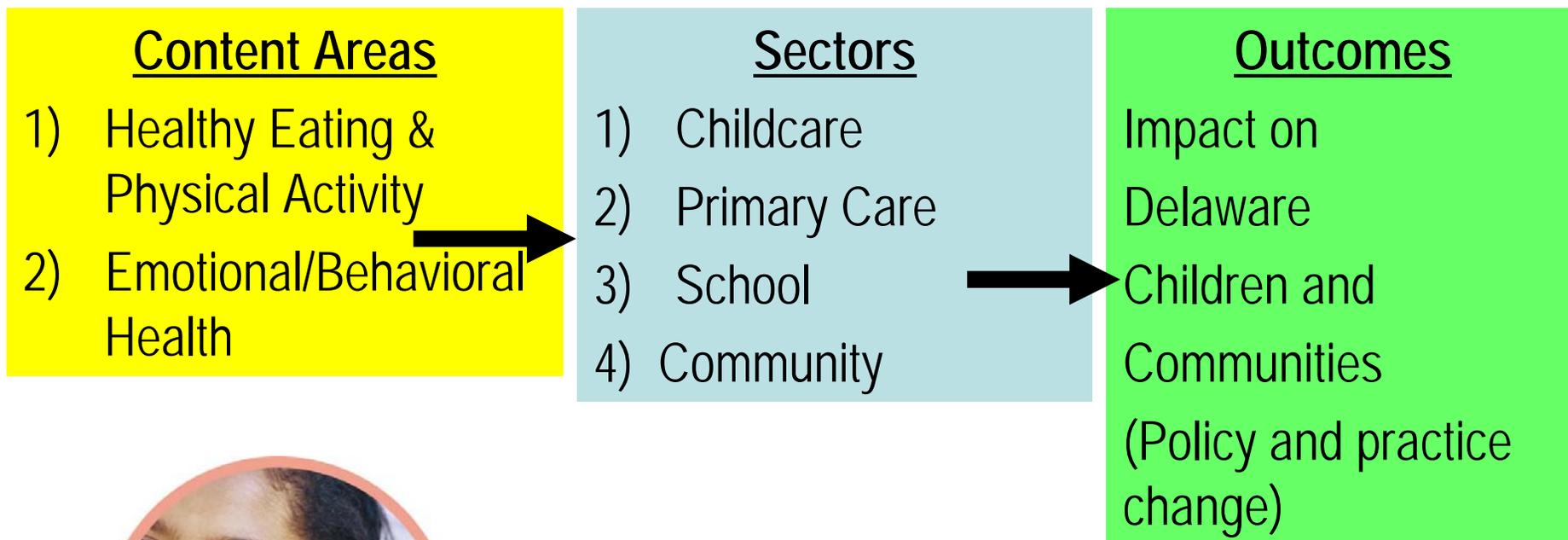
Conceptual Model: Key Influences on Children's Health



- A healthy child includes a balance of physical, emotional, cognitive & social well-being
- Petals represent determinants of health as well as leverage points for improving health

A child's interaction with, and the effects of, these influences vary over time and are often dependent upon age and developmental stage.

Obesity Prevention Efforts Across Sectors at NHPS



Effecting the greatest number of children in the shortest amount of time with high impact strategies

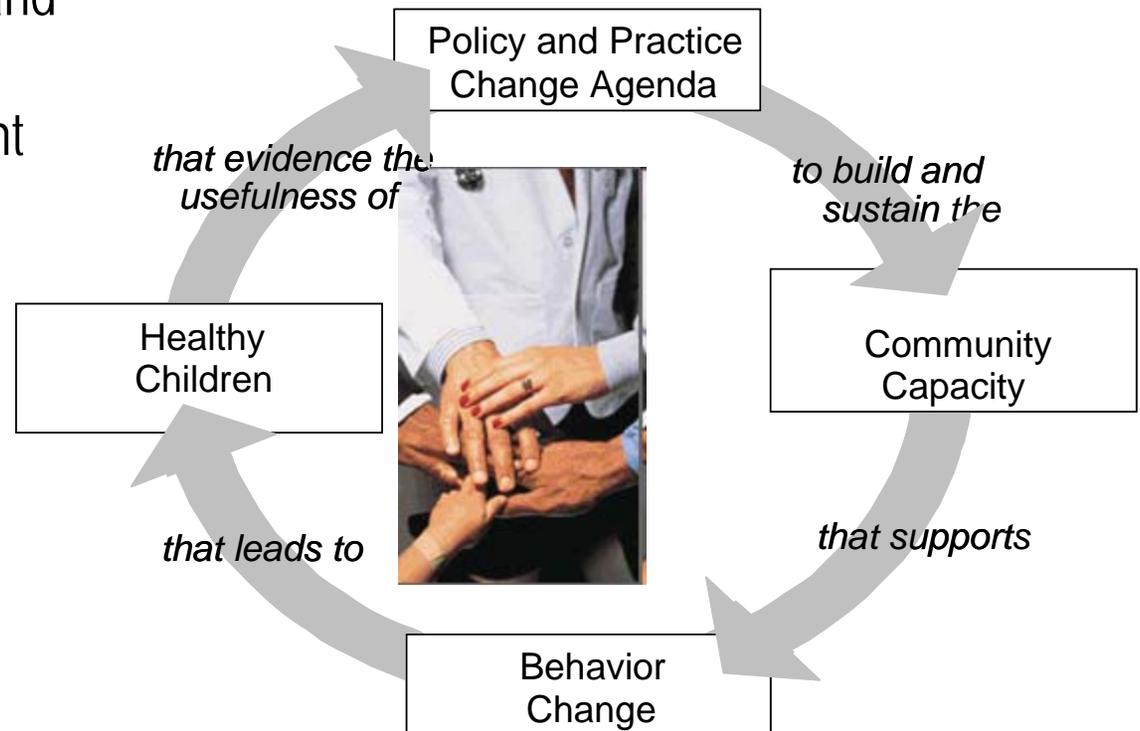
The NHPS Model: Working with Over 200 Community Partners

Goal:

- To change the health status and well-being of the most children possible through the deployment of evidence based policies and practices that will have the highest sustainable impact with the most efficient use of resources

Vision for 2015:

- To statistically reduce the prevalence of childhood obesity



Promoting Health and Prevention

Traditional Medical Model

Rigid adherence to biomedical view of health

Focused primarily on acute episodic illness

Focus on Individuals

Cure as uncompromised goal

Focus on disease



Expanded Approach

Incorporate a multifaceted view of health

Chronic disease prevention and management

Focus on communities/ populations

Prevention as a primary goal

Focus on health



Prevention in Practice

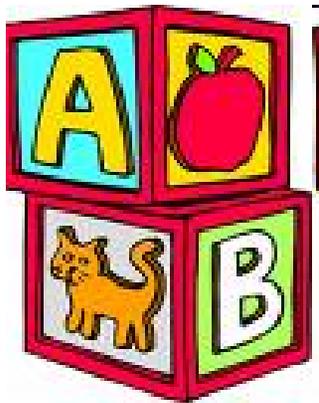
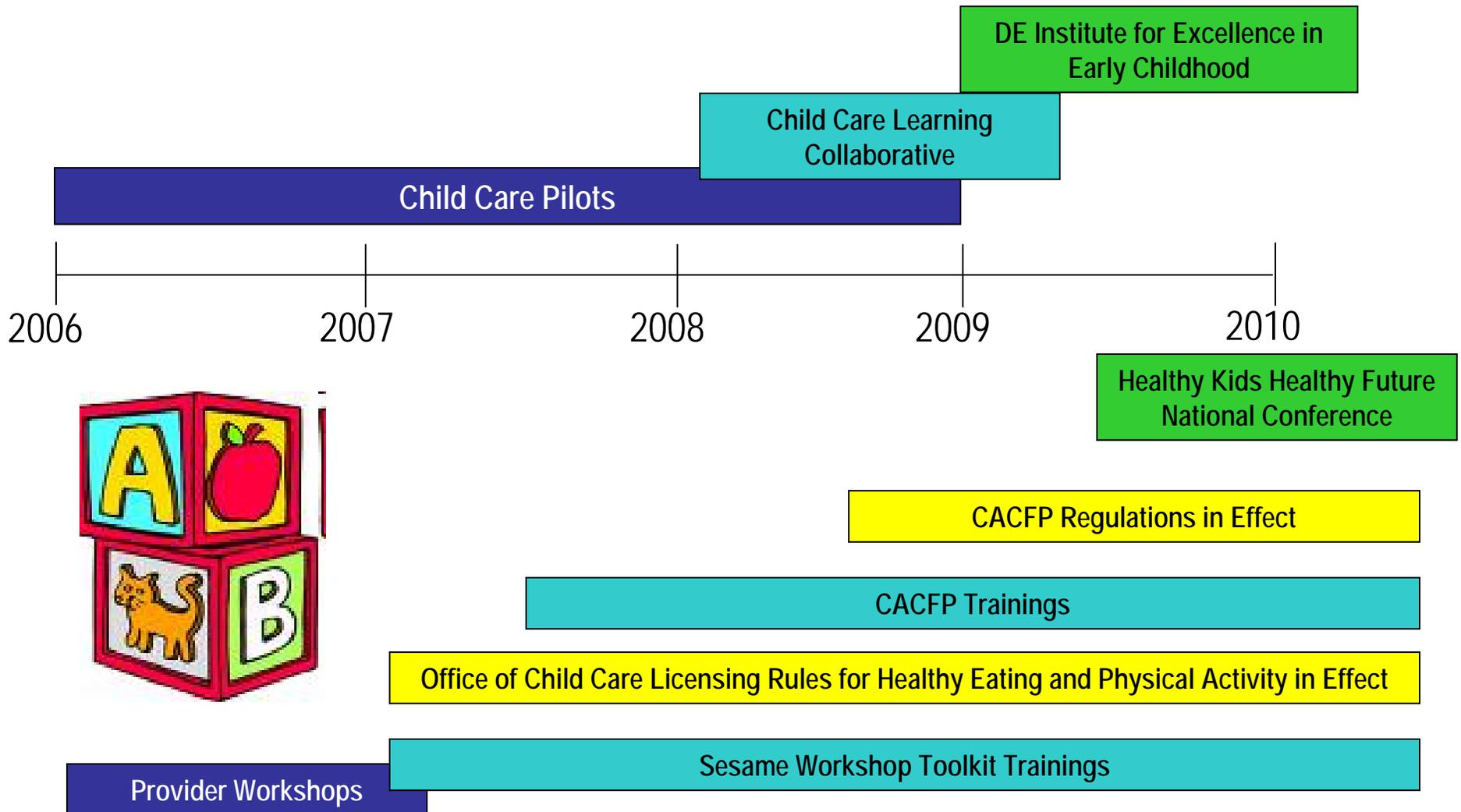
- A prevention-oriented child health system builds upon, and extends beyond, traditional prevention in primary care
- System components include:
 - Population-based, multi-sector view
 - Policy and practice improvements
 - Community-based coalitions
 - Knowledge dissemination
 - Social marketing



Did You Know?

- 85% of students reported that they did not eat 5 servings of fruits and vegetables a day
- By 15-18 months, French fries are the most common vegetable consumed
- 90% of parents think kids eat too much junk food and not enough healthy foods
- 33% of children under 6 years of age and 65% of all children have a TV in their bedroom
- Children and youth spend at least 6 hours a day watching TV, sitting at the computer, or playing video games
- The average youth is physically active for less than 20 minutes a day
- 84% of parents believe that children are not getting enough exercise
- One 20 oz. bottle of soda has 18 teaspoons of sugar

Developing Obesity Prevention Expertise in Child Care



Healthy Kids, Healthy Future: *Promising Practices and Policies for Health Promotion and Obesity Prevention in Early Care and Education*

- *When?*

- September 23-24, 2009 in Washington, D.C.

- *Who?*

- Steering Committee: Nemours, CDC, RWJF, MCHB, FRAC, CA Food Policy Advocates, Harvard Medical School, New York University, University of Minnesota

- 120 Participants

- 40 state health/wellness representatives from 20 states
- 70 child health promotion, obesity prevention and early education thought leaders
- Federal policymakers including agency (USDA, HHS) and White House and Hill staff

- *What?*

- First meeting among leaders in early care, education, nutrition, physical activity, oral health, public health and child health



Purpose of Healthy Kids, Healthy Future (HKHF)

- Identify promising practices and tools across the nation that are addressing the childhood obesity epidemic
- Identify promising current policies and policy opportunities at the local, state and federal levels to support obesity prevention/health promotion in child care settings
- Identify research gaps in the field



Definitions

- Policy: A principle or course of action chosen to guide decision-making
- Practice: A habit, custom or method of doing something
- Tool: An entity used to interface between two or more domains that facilitates more effective action of one domain upon the other

Lessons from the Field: *Promising Current Policies and Policy Opportunities*

- Promising Policies:
 - New York City Board of Health Standards on Nutrition, Physical Activity (PA) and television viewing
 - California Food Policy Advocates (CFPA) Positive Influence on Nutrition and Physical Activity Policies in CACFP

- Policy Opportunities
 - Child Nutrition Act Reauthorization (CNA)
 - CACFP, SNAP, WIC, Summer Feeding
 - State Early Learning Advisory Councils (subset of Head Start)



Obesity Prevention through Delaware Child Care Policy

NHPS collaborated with:



- **Delaware Office of Child Care Licensing (DE OCCL)**
 - Supported limitations on screen time
 - Established minimum physical activity standards for licensed child care centers
 - Required all licensed day care to follow CACFP nutrition guidelines

- **Child and Adult Care Food Program (CACFP)**
 - Developed written guidelines to support best nutrition practices for child care programs

- **State Legislature**
 - Passage of Delaware Stars for Early Success: quality rating and improvement system which references healthy eating and physical activity along with education standards

Promising Current Policies and Policy Opportunities Take Away Messages

- Increase access and ability to meet standards by increasing funding for federal nutrition programs
- Need for champions
- Common messages across programs and agencies
- Higher federal standards implemented in states and in programs
- Social marketing campaigns to disseminate consistent messages
- Take advantage of support and opportunities from Administration



Lessons from the Field: *Examples of Promising Tools*



- At the Local and State Levels
 - NAPSACC: Nutrition and Physical Activity Self-Assessment for Child Care
 - Minnesota Early Childhood Screening Tool
- At the Federal Level
 - Food Resource Action Center's (FRAC) Child Care Wellness Tool Kit: Child and Adult Care Food Program (CACFP)
 - Eat Well Play Hard in Child Care Settings

Lessons from the Field: *Promising Practices/Programs*

- At the Local and State Levels
 - The National Resource Center for Health and Safety in Child Care and Early Education's *Caring for Our Children Standards*
 - The Colorado Physical Activity and Nutrition Program's Early Childhood Task Force

- At the Federal Level
 - Head Start's use of "I am Moving, I am Learning"
 - USDA Team Nutrition

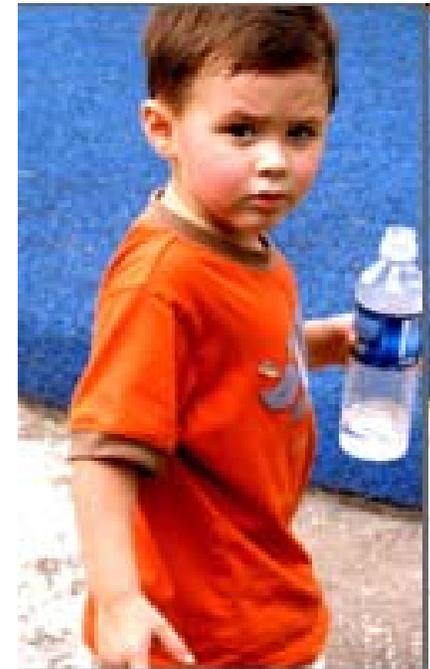


Nemours' Comprehensive Policy and Practice Changes in DE Child Care

REACH: 54,000 children in all licensed child care

Children In Child Care Are:

- Consuming whole grains and for those over 2 years old - 1% or nonfat milk
- Consuming only 1 serving of 100% juice per day; water as good option
- Consuming limited sugary/fried foods
- No TV except special occasions or teaching activities; especially infants & toddlers
- Participating in 20 minutes of vigorous activity for every 3 hours in care



Delaware Office of Child Care Licensing Changes

- OCCL requires that all Licensed Centers and Family Child Care Providers must adhere to the Delaware CACFP requirements, whether or not the program participates in CACFP.
- No TV except special occasions or teaching activities; No TV at all for infants & toddlers. Parent permission is required for any use of media.
- Children over age two will have the opportunity to participate in 20 minutes of moderate to vigorous physical activity for every three hours a child is in care.
- While awake, infants are limited to 30 minutes of time spent in swings, strollers, high chairs and other confining equipment.

NHPS Efforts to Support Practice Changes in Child Care

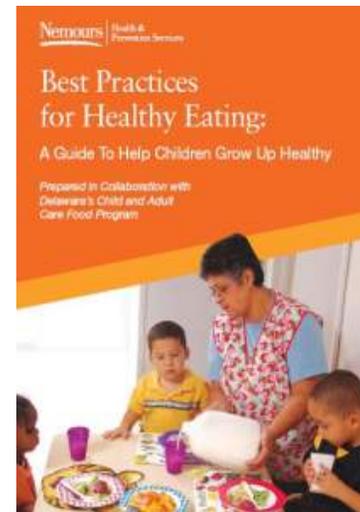
- University of Delaware Institute for Excellence in Early Childhood
 - Has taken on the training function for child care providers

- Child Care Learning Collaborative

- 28 centers completed 5 sessions
- Technical Assistance provided

- Best Practices Guide

- NHPS collaborated with the DE CACFP to co-author *Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy*



Nemours' Tools for Child Care

- **Healthy Meal Planning Guide**
 - A "how to" for implementing the Best Practices Guide
 - Provides:
 - ✓ Menu planning/affordability tip sheets
 - ✓ Recipes
 - ✓ Handouts for families
 - ✓ Portion sizes

- **NAPSACC**
 - Child care directors collect baseline data on current state of practices in their centers

 - Best Practices in Healthy Eating (CACFP Guidelines)

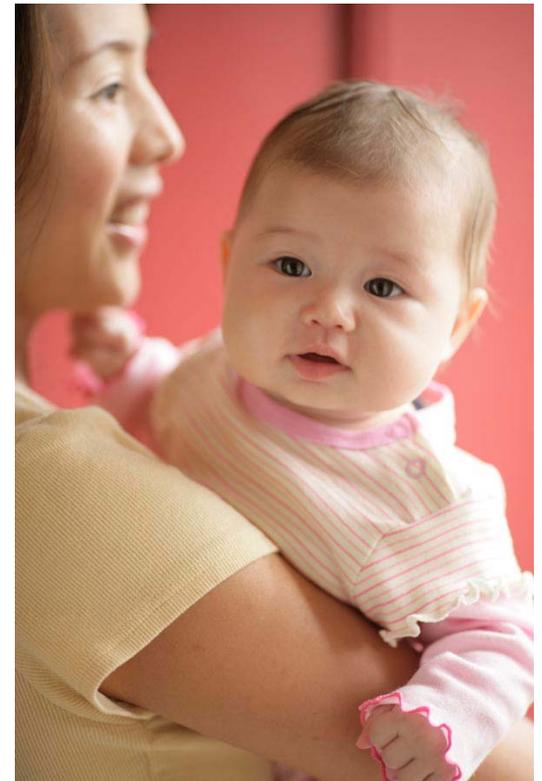


Nemours' Tools for Child Care, cont.

- Child Care Collaborative DVDs
 - Interactive instruction for center directors to teach child care providers to implement healthy eating and physical activity best practices
- Sesame Workshop Preschool Toolkit (3 - 5 year olds)
 - Nemours partnering with Sesame Workshop to influence practice change in healthy eating/physical activity
 - Helps children develop positive associations with healthy foods and physical activity
- University of Delaware Toolkit (Infant – 2 year olds)
 - Influencing practice change with concrete healthy eating/physical activity lessons

Child Care Results

- **81%** of centers participating in the NHPS learning collaborative made significant changes in their healthy eating and physical activity practices
- Some of the policy changes included:
 - More structured physical activity indoors and outdoors
 - Family style meals with teachers coaching children
 - Policies for parent provided food
- Policy is being implemented at the center level
- Policy supported with training and TA in Quality Rating System and requirements for licensing
- Ongoing implementation through statewide Institute for Excellence in Early Childhood





Addressing Concerns and Providing Solutions for Child Care Providers

EXAMPLE:

▪ Concern:

- “Nutrition standards will be too expensive to implement”

▪ Solution:

- Misconception of costs of healthier foods and strategies for keeping costs down
- Lessons on portion size – many providers were pleasantly surprised to learn they did not have to serve large quantities of healthier foods
- The ease at which individuals can choose healthier options of the same type of food (ex: 1% or non-fat milk instead of whole milk, water instead of juice)

Addressing Concerns and Providing Solutions for Child Care Providers cont...

EXAMPLE

- Concern:
 - “Families will be resistant to change”

- Solution:
 - Engaging and involving families supports adoption of change
 - Inform families through conversation, meetings, bulletin boards, recipe books, brochures, events, etc.
 - Show families how powerful they are as food providers and role models

Addressing Concerns and Providing Solutions for Child Care Providers cont...

EXAMPLE

- Concern:
 - “Kids won’t eat or drink new foods and beverages in their diets.”

- Solution:
 - Most children will not notice small changes in their diet (whole to skim milk)
 - Children might reject a new food 15-20 times before accepting it
 - Create a positive eating environment (fun, relaxed)
 - Prepare and eat meals together

Addressing Concerns and Providing Solutions for Child Care Providers cont...

EXAMPLE

- Concern:
 - “There won’t be sufficient buy-in from our staff”

- Solution:
 - Training emphasizes the importance of being a “champion role model for children”
 - Educating staff on the importance of healthy eating
 - Include staff in planning and implementation of nutrition and physical activity changes

Addressing Concerns and Providing Solutions for Child Care Providers cont...

EXAMPLE

- Concern:
 - "We won't be able to meet the CACFP guidelines and the *My Pyramid* standards"

- Solution:
 - The new DE CACFP guidelines already incorporate the *My Pyramid* standards

Implementation Lessons in Child Care

- Involve child care providers from the start
- Support a forum for child care providers to share concerns and solutions is key
- Develop solutions to address the concerns identified
- Ensure that policies and practices are both:
 - Integrated into the daily routines of centers and family care
 - Integrated into the provider support systems – training, technical assistance, Quality Rating system
- Collaborate and dialogue are essential to understanding concerns and developing solutions
 - Important to engage state leaders and state agencies early
 - Funding streams need to be developed and advocated for by all players

Implementation Lessons in Child Care

- Easy to use tools combined with technical assistance supports sustainability
- Information can be delivered in many different ways:
 - Incorporating information into standard child care training and education
 - Holding specific meetings to get input
 - Holding training collaboratives where a number of centers work together to share best practices and address issues
 - Identifying champion providers or centers that illustrate that the changes can be successfully implemented
- Important to be **nimble and opportunistic** to take advantage of key opportunities.

Promising Practices & Tools **Take Away Messages**

- Collaboration and coordination @ local, state and federal levels and amongst leaders in the field
- Cross fertilization between health and education
- Exploration on how to leverage Medicaid's role in child health to promote HEPA
- More focus on engaging parents



Lessons from the Field: Current Research and Research Gaps



- **Current Research**
 - RWJF/U.Minn.: Healthy Eating Research
 - Harvard Medical School/Duke: Evaluation of State Regulations on Healthy Eating and Physical Activity in Child Care Settings
 - Alfred I. Dupont Hospital for Children: Common Risk Factors Exist Between Childhood Obesity and Dental Carries-Aquida Atkinson, MD

- **Research Gaps**
 - Building the evidence base on promising programs, practices and tools
 - Evaluation of methods for scaling up and spreading successful programs and best practices
 - Creating and pursuing a research agenda that shows how nutrition and education are connected

Current Research and Research Gaps Take Away Messages

- Opportunity to share findings would compound efforts to address the obesity epidemic in early care and education settings and prevent duplication of efforts

- Identifying research gaps will:
 - Enable researchers as well as educators, government officials, physicians and other children's health advocates to continue developing innovative promising practices to address the childhood obesity epidemic
 - Provide basis for funding requests

Looking to the Future: Next Steps in Obesity Prevention/Health Promotion in Early Care and Education Settings

- Partnership for a Healthier America
 - www.ahealthieramerica.org
- First Lady Michelle Obama's Childhood Obesity Campaign: *Lets Move!*
 - www.letsmove.gov
- Online Resource Center
 - www.healthykidshealthyfuture.com
- Disseminating Conference Findings
 - [Comprehensive database](#) for promising policies/practices/tools
 - [Promising policies/tools encyclopedia](#)
 - White Paper
- Webinars
- Healthy Kids Healthy Future Steering Committee



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