

D8 -

**AMCHP Annual Conference, 2010**

**Moving Ahead Together:**

**Celebrating the Legacy, Shaping the Future of Maternal and Child Health**

**Childhood Obesity:**

**Exploring Causes and Prevention Strategies in the Periconceptional, Fetal, and Early Childhood Periods**

March 6-10, 2010

BRENT EWIG: Good afternoon everyone and welcome. My name is Brent Ewig. I am the Director of Policy at AMCHP and I will be the moderator of this session. The session is entitled, Childhood Obesity Exploring Positives and Prevention Strategies in the Current, Conceptual, Fetal and Early Childhood Periods and that's a mouthful. But its session D8 and I'm to remind you it's a workshop session that is available for continuing education. To get those credits a link to the CDC training and continued education online system...it's going to be posted on the AMCHP website. In order to receive those CE credits you must complete the form, I think you probably all know that drill, it's by April 12<sup>th</sup> so you should be sure to keep track of the sessions you attend through the conference and you'll be asked to enter this into the online system and further continuing education information can be found on page 10 of your program. And also our individual AMCHP session evaluations will be distributed at the close of the session so I wanted to remind you to please return a completed evaluation to an AMCHP staff person either here or at the registration desk. And in addition we'll do a full conference registration but just our evaluation and just to remind you that we really use those to

shape our programs and really appreciate your feedback so that's greatly appreciated. Finally I want to remind you to put your cell phones, Blackberries on the stun mode or vibrate and it's my pleasure now to introduce our speaker and I can preference by saying that today's sessions a little bit of a case study in improvisation. We've had a couple of outright speaker cancellations and in a last minute but wonderful substitution from Nemours Debbie Chang who worked in the program who was to be here and has fallen this afternoon. She's actually a neighbor of mine up in Silver Spring, Maryland...

ANNE DE BIASI: And she's doing the public health thing and staying home, right?

BRENT EWIG: She's staying in and I'm sure she's keeping my community safe and healthy by staying home. But we're really pleased to have with us her colleague, Debbie's colleague Anne DeBiasi who is the Director of Policy and (Inaudible) and Nemours and I told Anne I know a little bit of her bio and I didn't tell her that I'm going to make up some of the rest...and you can kind of figure out which parts of these are true. But Anne I believe hails from upstate New York?

ANNE DE BIASI: I came here from there yes. There you go.

BRENT EWIG: She met her husband in surf camp on her 25<sup>th</sup> birthday off the coast of Mexico where she was learning to surf. Briefly considered joining the professional surfers, met her husband, fell in love and then I believe moved back to upstate New York and ran a community health center for a while and has been in Washington and

has really been an insider in the policy making process. I believe she served a fellowship on Capital Hill in the office of Senator Tom Daschill. Was that during his...?

ANNE DE BIASI: Yeah, you're good, yeah...

BRENT EWIG: Some of this is actually true. And then she ran advocacy for a group whose name I'm blanking on.

ANNE DE BIASI: The Children's Dental Health Project and then the National Breast Cancer Coalition.

BRENT EWIG: ...National Breast Cancer Coalition and now at least for a couple years have been with Nemours and she'll tell you more about that role and the exciting work they're doing but just to say that they're certainly a leader even though they're from a small state of Delaware where their headquarters are they've emerged as a national leader on these issues and on child health policy so its really a pleasure for us to have her with us today and learn what they're doing.

ANNE DE BIASI: Thank you, Brent, that was so nice of you. That was such a great intro. As Brent said I am subbing in today so I beg your indulgence and let me just say that at the beginning and also just want to start by thanking Brent and telling you you've got the best, really. You are very lucky to have him at AMCHP and we're very, very pleased to work so closely together. It's been a long journey we've had over the past

year on health reform, a journey that's continuing but Brent and I have kind of been kind of the broken records at the table in regards to prevention so we partner often around these similar interests. And I am a substitution today and we have a rather small group so I put the lavalier thing on so that maybe I can come right up there because since I'm a substitution this is my PowerPoint guys. Sorry about that. I didn't realize I had to bring my laptop so I didn't so I have a hard copy of the presentation that I am going to work from and I have some hand outs and for those of you who didn't get the hand outs let me just make sure you have it before I get started. I know one person at least. Anyone else? Okay. There's one hand out that I ran out of but all these are available on the web so I'm going to give you that website and I'll spell it out for you since I don't have the PowerPoint for you to see it yourself. Great. Maybe I should just pass them around, huh? Okay, you guys are very patient. Thank you so much for your patience I appreciate it. All right well I'm going to talk today about the part of the presentation that is the early childhood part. I'm not going to be able to address the prenatal conception part of the presentation so sorry for that in advance. And I also should say that I'm going to present some information today that is really outside of my professional realm in terms of not being a clinician myself so if you all...there are probably some of you in the audience that can fill in wherever I might err in that regard. So... I appreciate your flexibility today and going with the flow here. I am kind of disappointed that we don't have our co-presenters from California; Dr. Eric Walsh is someone I've met before. He is a very dynamic guy, they're doing really great work out there and I hope he'll get another opportunity to present to you on that topic of early childhood obesity prevention early in life and that really zero to one age here. But I want to talk to you about a journey

that Nemours has been on in terms of obesity prevention particularly in childcare settings. And my slides would kind of go through this journey so I'm going to talk you through the journey. But I wanted to just get a sense of who I'm talking to first. So is anybody in the room actually involved in early care and education in any way? Great, great. So I'm going to need help from you guys okay? And then other folks are maternal and child health of course public health, right? Heads nodding. Anybody else might be able to jump in and fill in some other gaps that I have as a presenter, no? Health care providers? Nutritionists? Nutritionists I need your help really, okay? Great. Well as you know there's so much going on in childhood obesity prevention right now it is very exciting particularly with the launch of Let's Move, by first lady Michelle Obama. So I'm surprised actually this room isn't filled to the gills because there is so much attention on this topic right away but I know all of you have been working in the field probably for many years on this topic and probably are far more experienced than me even in obesity prevention per se, but in general there is not as much attention to what we can do in the childcare setting when we think about all we hear about school settings for example. So I just want to step back before I get into our specific journey to tell you a little bit about Nemours so you understand the perspective and where we're coming from. And Nemours's is actually an operating foundation so that means that we don't give out grants but we operate a pediatric health system. We operate a fully integrated child health system from primary care all the way through specialty care. And we do that in the State of Delaware as Brent said. We also do it in Florida where our headquarters reside and we provide mostly specialty care in Florida and both in Delaware and Florida our vision is to treat patients regardless of their ability to pay so we do see a large share

of Medicaid uninsured and CHP patients up to between 40 and 60% depending on whether you're looking at Delaware or Florida. So you can get a sense of what our orientation is. We're really there for the health of the children. As a foundation and perpetuity five years ago we decided to really invest in prevention, in population based prevention and so we started a new division of Nemours called Nemours Health and Prevention Services and the work I'm going to talk about today has been done by that division that is based in Delaware and they've really done some outstanding work and based upon their work as well as other models within Nemours because we are a full spectrum health system for example we have a fully integrated electronic medical record. In many ways we serve as a model for the country in some of the programs and tools and the way that we've really pushed quality of care and outcomes for children. So we started down this road about five years ago like I said in Delaware to invest in community based prevention and really look at policy and environmental changes along the lines of the social determinant model to get at childhood obesity in our state. And we have a very specific goal of reducing BMI by 2% by 2015. So we have a very specific measureable goal that we're working towards in the State of Delaware. So okay now I'm going to actually get into my PowerPoint, and again apologies that you're not seeing this yourself. I'm happy to provide it in any way. In fact maybe we can do...pass a sign around sheet and I can email it to folks? I'll also make sure that it's posted on a website that I'm going to talk to you a little bit about as well as all of your hand outs. So like I said we started this prevention services division and childhood obesity is just our first initiative so we actually intend to work more broadly on prevention and health promotion and our second area that we've already embarked on is emotional and behavioral

health. But obesity prevention seemed to be a good way to start and you know our theory was that using that social determinant model a lot of the changes in policy and practice that you would make for obesity prevention will actually support the child's overall healthy development so there will be changes that you know will be relevant to whether you will be looking at other disease categories or any other aspect of the child. So that was the idea. We just had to organize around something when we first started our prevention division. And you know it's unusual and please correct me if you know of additional provider systems that are really investing in population based prevention but from what we can tell I've been with Nemours about a year and a half and have been asking all around the country and really Kaiser Permanente is the only other health system that's making a sizable and sustained we're talking 15-20 million dollars a year for us a big investment in population based prevention. Of course they have an insurance model so their motivations are a little bit different but they also invest in policy and environmental change. But in general most hospital based provider systems are treating patients that are sick not keeping them healthy so that's the difference with us just because we come from that foundation perspective. And what it meant to us really is we served about 50,000 children through our provider system in Delaware and now we're serving all 228,000 children in Delaware because of the policy, environmental and practice changes are impacting all the kids in Delaware and we did release data this past week to show that indeed that is actually the case so I'll talk about the article that was published in the Health Affairs this week when they released their special edition on childhood obesity. In general we are looking at a social determinant model so you know I had this pretty little flower I was going to show you with all the petals and you know all

the different aspects of the social determinants but just really getting to the point that we know that most of the preventable mortality and morbidity is not within the medical system but outside of the medical system so that was the idea behind our model is really to go to all the places where children live, learn and play. And so specifically in our multi-sectoral model we work of course in primary care we are a health care provider, we also work in schools, we work in communities and we work in child care settings and that's how we started on this journey of raising attention to obesity prevention in a childcare setting.

Let's see...another key aspect I just wanted to talk about and I think this relates to our work both in Delaware and then also how we've tried to raise attention to the childcare setting at the national level is a key value for us is working in partnership with our communities or our national partners as the case may be. So in Delaware we work with over 250 community partners. So the idea is in order to sustain the policy changes we work with our providers or our partners in the system so that they can adopt the policy changes and thereby promoting and sustaining the behavioral changes over time and Nemours doesn't have to continue to invest, but those changes are woven into the system and I'm going to give you some really specific and concrete examples of that. Just because we know that obesity is a multi-faceted problem and no one sector alone can address a problem so we really have to work across all sectors. And that's something that we've really been focusing on in health reform and health policy and I think that it's something that you all have always done as a part of your work is work across the various sectors that serve mothers and children. But that's really difficult to

do in policy work because of the way the government is structured both at the agency level and the way that congress is structured in its committees. So this multi-sectoral work is now getting more attention at a policy level with the place based initiative and you know that are based on the Harlem Children's Home but it's still difficult to implement in policy and I know Brent faces those uphill battles all the time and probably Title V is one of the best examples of where you know you do have some ability to work across different sectors with the type of funding stream that you have. So that's what we've been trying to do also in Delaware. So I had this great slide that I do love to use but I think you all kind of knew it. It just contrasts the medical traditional medical model to more of a health promotion population based prevention approach. So to kind of give you a sense of what the differences are rather than looking at the bio-medical model we've got this multi-faceted view rather than focusing on acute we're looking at chronic disease prevention and management rather than focusing on the individual, we're at the community or population level and instead of just looking for a cure as an uncompromised goal, prevention is really our primary goal within Nemours Health and Prevention Services so we don't focus on disease but we focus on health. I just want to stop there because that kind of gives you the backdrop of the model and now I want to kind of get into what strategies we use to deploy that type of a conceptual model making sure that we get to the most kids in the least time with the biggest impact and the most sustainable change. We don't have all the resources in the world, but like all of us we're working to make sure those resources are used most effectively. Any questions on the model or the background before I get in. I'm sure Brent will keep me on time, too. Yeah? Okay so we look at the basically the system built components again building on the

model. I'm going to flush this out for you. Is this population based multi-sector view the policy and practice improvements? And that's really important to us because we really feel like you can't implement policy unless you have the tools to actually implement that policy. So I'm going to talk about specifically in the childcare setting what kind of tools that we came up with and point to other tools that arose through the process of having a national conference on obesity prevention and early care in education. That we found that there are actually a lot of great tools that are already out there that can help to support the practice change to implement high nutritional standards for example by way of a policy or more physical activity. Again the community-based coalitions I mentioned that in terms of the work with partners. We have a coalition in Sussex County, Delaware that has over 200 partners, it's very vibrant. It carries the work forward again a key component of sustainability. And then finally knowledge dissemination and social marketing. So on top of working in all of those places kids live, learn and play, the schools, community-based organizations, primary care and child care we have an overall social marketing strategy which actually is pretty exciting because in the Health Affairs article that was published this week we had some good results on that you know in general social marketing is one of those things you never really know is it working? You never really have the hard data to justify the investment but in Delaware we did find that in the beginning where we first surveyed we have a population based household survey and its representative of the state. In 2006 5% of the people were aware of our prescription for healthy living which is 5 to 1 almost none. I think everybody in this room can figure out what those various components are. So I won't go into them unless you ask. So with this 5 to 1 almost none prescription for healthy living we now have 19% of

all Delawareans that are aware of this prescription for healthy living, so a fourfold increase in two years which is pretty good. So I do think that social marketing is a key component that isn't used everywhere else you go. So I assume you're in this room because you're interested in childhood obesity prevention and health promotion so I probably don't need to say all the statistics on childhood obesity. Raise your hand if you're just dying to hear the statistics. I'll just give a fun one, okay...? By 15 to 18 months French fries are the most common vegetable that's consumed. I see heads nodding people know this. Let's see. Children and youth spend at least six hours a day watching TV, at the computer or playing video. We know those things. So I'm going to skip over all the statistics to get into more of the what how we did it and how we also got attention to this issue and developed some best practices at the national level that we now hope to scale and spread through people just like yourselves. So we started in the beginning in 2006. What we did were some pilots. We worked with four childcare centers that were early adopters if you will. They were excited about doing this kind of work and so we worked with them to start to develop you know what were the policy and practice changes that were needed in kind of a learning collaborative continual feedback loop so we could find out from them well I don't really understand what the portion sizes should be. Okay that means we need to go back and we need to develop a tool and we have this thing to demonstrate the portion sizes it shows for each age how much of everything you put on the plate so it was this iterative process through these pilots with these four center and Delaware is a small state so we only had to start with four. And from there we started provider workshops and standards training, now we were training those four centers anyways so we started to open up the training to other

childcare providers and they were doing things like increasing access to water, increasing moderate vigorous activity and they were using these toolkits that we had developed from them in the lesson planning to do the physical activity. We worked with Sesame Street to create a tool kit called the healthy habits for life and that's what gave the childcare providers and the center directors the tools so that they could implement these changes. So we're working on these provider workshops and came along an opportunity and you guys know how it is you have a champion in your state who is wanting to do something and in this case it was somebody who was ready, a state employee who was ready to retire and she really wanted to make an impact. She had come from WIC and she was the director and adult care food program so probably most of you know what that is but just in case for those of you who haven't worked in childcare that's the subsidy program through the U.S. Department of Agriculture that provides the meals in sacks subsidies to child care providers that serve a certain percentage of children living in poverty. And from what I've learned in the childcare community I now know that CACFP is one of the major hooks for really getting into the childcare centers and regulating and seeing what's going on because we have so much unlicensed childcare in this country, but many licensed as well as childcare centers, family home providers, all kinds of providers participate in the Child End All Care food program through what they call these sponsors. So it's in some instances the only opportunity for an outside person to come into the childcare setting and to really see what's happening because we don't federally regulate childcare. And state licensing differs and varies. In Delaware we were kind of lucky. We have this champion and we had this opportunity and you all know how it is you've got to seize it when you've got it.

She was really interested in increasing the nutritional standards for the child and adult care food program. So there's a hand out. Not everybody has it, I'm sorry; I didn't have enough copies so I'm going to ask you to be good neighbors to each other and just share. And I'm getting into the detail but I've got to keep going on with the story after this. This is worth pausing on because it was really instrumental. So in this if you don't have it if you could just share it with each other. Basically what we were able to do was make the changes that are listed on the back of this in the child and adult care food program. And this is shorthand. It's more detailed than this. But this, without getting into the nutritional standards of which I'm not an expert when I can at least talk about like the fact that you know kids shouldn't be served whole milk they should get the low fat or the skim milk you know. So for example we came up with all these changes. The child and adult care food program standards haven't been changed in like some 30 years. The meal pattern doesn't even align with the dietary guidelines and there really was a lot of need for updating and we're not the only state. Many states have actually moved forward and started to update these standards beyond what USDA...no non...100% juice, no juice to any kids under two. You know all of your nutritional standards, getting your whole grains in there and not so much fried food or processed meat or cheese, etc. etc. So we got all these changes because we have this great CACFP director who was such a good champion. And then in Delaware we had this great hook through regulation in that the child care licensing standards reference the child and adult care food program standards so therefore it wasn't just anybody participating in CACFP but any licensed child care facility in the state both centers and home had to follow these guidelines so we got a little lucky in having that policy opportunity for the way our

regulations referenced each other. So that was actually back in 2007 that those changes were made and after that of course there was a lot of need for continued technical assistance and training as the standards were adopted then we had to promulgate all of these tools so that people knew how to implement them. It meant new purchasing in some cases. It meant of course new practices in terms of how the food was prepared, in some cases even the way the food was served because they were encouraging family style meals. There was a lot of need for training. So the training we had started in terms of the childcare pilots we then started separate training and technical assistance through the child and adult care food program and those were happening simultaneously. We also extended our pilots to be learning collaboratives and involved about 30 centers from around the states. So we started to scale up from the four centers to the centers. And the learning collaborative again very iterative, we were do some training and then the childcare providers would come back and share their experiences and share their learning and let us know what tools or supports they needed going forward. And I should mention because this is a public health audience all this was layered on top of an evaluation. The evaluation was partly funded by the Robert Wood Johnson Foundation and those findings are released in the brief you have that summarizes the Health Affairs article including some specific data around childcare. So all this was happening in the State of Delaware. Finally the one other event that I want to talk about before I talk about how the work moved to the national level was we knew that we had to sustain the training and Nemours couldn't continue to invest to be the trainer. We had to train the trainer model and all that. You know, so there was some sustainability but we needed someone to take it on, to institutionalize it and had heard

the concerns of the childcare providers and I have a whole document there that really addresses the concerns that we heard from the childcare provider community in trying to do this. They wanted the training to be through mechanisms that they were already using. So they didn't want to have to go to some separate training because you know they couldn't leave the center, leave the kids and a very small center you couldn't allow your staff to go so it had to be where they were going anyways for their continuing education that they needed for their licensing. So we started Delaware Institute for Excellence in Early Childhood is the name of it. It's with the University of Delaware and a lot of this came out through our partnerships at the state level. So we were working with the ECCS grantee, the Early Childhood Comprehensive System Grantee through the maternal and child health bureau. We were working with the state the early learning council in our state it's called let's see...the Early Childhood...what do we call it in our state...I'm not sure specifically. It's called the...Early Childhood Development Council, I believe. And we also had yeah...Delaware Early Care in Education Council, that's what it is. That's the council established under the Head Start reauthorization. So we had the ECCS, the council and then the governor held a summit on early childhood. So we had this opportunity to think about how we would institutionalize the training in healthy eating physical activity. And we established this institute of early learning excellence that's going to do all the training for childcare in the State of Delaware. So healthy eating and physical activity will just be a part of their overall training which everybody seems to love as a model and is working out really well. All right. I'm going to pause again, have a sip of water, and now I'm going to give you how we kind of moved it to the national.

Questions? Comments? No? Okay, we're doing fine on time. All right. So, everybody was coming to us saying how did you do this stuff in the childcare setting. You know how did you get these things accomplished? Nobody has a comprehensive policy and practice model in childcare settings in the country. People were saying to us really we got invited up to the white house. We got invited to meet up with committee stuff on Capitol Hill and people...the institute of medicine called us and people were calling us and all of a sudden we realized wow, it's like we've actually never really gotten the public health community, the obesity prevention and child health promotion you know folks those that are passionate about that. We've never gotten them together with the early care and education community. So at a national level those communities had actually never been convened to get together to look at these things. So we kind of quickly threw together a conference that's called The Health Kids, Healthy Futures Conference. And this is a website that you can go to to get all these materials as well as all the tools, everything that I'm referencing and it's [www.healthykidshealthyfuture.com](http://www.healthykidshealthyfuture.com). I know that's strange we're a foundation but its .com. Dot org must have been taken. So there actually you can virtually go to the conference. You've got your bios, you've got...we've got videos, they're not all posted yet but there's all the PowerPoint's from the conference are posted there and everything. It was very exciting. We brought 20 states with teams of people like yourselves, we had somebody from public health and they we had somebody from childcare licensing so the 20 states each brought a team of at least two you know that combination, some cases you know it was somebody from a foundation, or somebody from a child advocacy organization I mean that was the general model it wasn't exactly like that for all these 20 states because these 20 states

are really the innovators. They were the ones that the CDC helped us to identify were really going down the road in childcare. They were doing things, they were experimenting. And then we brought together lots of national folks as well, thought leaders, child health advocates, policy organizations, provider associations, groups like the Head Start Association and other groups that would be interested and focused on kids zero to five and you know had some interest at least in obesity prevention or child health promotion overall. And it came together very quickly. It was jointly funded by the maternal and child health bureau by the CDC, but the Robert Wood Johnson Center to prevent childhood obesity out in Arkansas and by Nemours, and then we had some support from the Alterim Institute in addition. And within about three months we had the most enthusiastic group of people. You all wouldn't have believed this planning committee was like crazy to do this conference because they were so interested in this and they realized these groups had never come together and it was the opportune moment when I mean we didn't even know everything coming down the horizon that has come down the pike now. But we knew minimally child nutrition reauthorization was coming up you know there were vehicles coming up you know there were vehicles in front of us to potentially move forward policy as well as there was a real opportunity to spread the practice change that was occurring in those 20 states that were the innovators. We wanted to spread that out to all the states and territories. So we came together and it was in the end of September and the administration was very strongly supportive. They had a secretary, USDA secretary Vilsack was the keynote speaker. The undersecretary from the USDA was there, the head of the childcare bureau Shannon Ruttiscil at ACF and of course Bill Dietz he was co-chairing with my boss the

whole shebang and all the folks from the maternal and child health bureau, Phyllis Stubbs and Denise Safka, I mean we had incredible support from various different agencies which what was so exciting to us. We didn't get as much engagement from the education department that was the only one that was a little bit harder and we continued to work on engaging the broader education community and not just the early care in education community. And so it was a very exciting and very dynamic conference because we set it up in a series of three workshops that were really focused on figuring out what are some currently policies that are helping to push this work forward, what are some policy opportunities, what are current practices, innovative, promising, we couldn't call them best yet, but promising practices that were out there already and I'm going to give you some examples of them and what further needed to be developed and then our third goal was to look at the research area you know what was the evidence base, where do we need to fill in the gaps in the evidence based in order to move the field forward? So we kind of have those three sections, policies, practices and tools and then research, those were the three main aspects to the conference. And each...it was a graphically facilitated conference so it was very dynamic and really geared towards getting input. We had break out sessions after each workshop so that we could really tap into the ideas of everyone who was there. And we're about to release a white paper, it's just going through revision by the planning committee but we will have a white paper that will summarize the conference. Like I'm saying...I mean the white paper summarizes the PowerPoint's that are on the website so you can really almost go to the conference after the fact.

Let's see...let me give you some examples of some of the things. We had a great presentation by Dr. Lynn Silver from the Division of Public Health in New York City who talked about how the New York City Board of Health has implemented these nutrition, physical activity and television viewing standards and they've been very positively adopted in New York City and they're really deep into implementation now. And she tells a great story where she was able to do everything except just get the bowl of fresh fruit on the table. She still couldn't accomplish that one. It is really amazing what it takes to make policy and practice change in the childcare centers. You really have a lot to do so some of the simplest things she wasn't able to accomplish but she really was able to accomplish a lot and with the backing of the Board of Health you know it was great. And that fits so well because of course New York City is doing so much on obesity prevention. They have so many of the other components. But they due to their kind of unique regulatory structure they really were able to go far on the childcare side. Another example in California the California food policy advocates have been working on legislation unfortunately it did get vetoed by the governor but they're going to put it back up there again this year adopting many of the same similar types of regulations about the CACFP meal pattern and limiting juice, serving at least one vegetable, eliminating deep fat frying, all your specific nutrition guidelines very similar to the ones I gave you there.

Other opportunities at the federal level that were cited as examples in regard to policy were as I mentioned the child nutrition reauthorization coming up where they're going to reauthorize all of the school lunch, school breakfast, summer feeding and in particular

the child and adult care food program. And there were a lot of policies around that including increasing access to those programs, creating more consistent messaging across the federal nutrition programs to help the parents because you know because parents go from program to program and all of a sudden get a new message and WIC's out there with their new food pattern so there's great things they're doing in WIC if we can get those messages consistent across food stamps or SNAP and school breakfasts through lunch and the after school programs it would be great. Then the other one I mentioned were those state early learning councils that that was an opportunity for again to bring these two worlds together if we can get some public health folks on the state early learning councils we can start to adopt standards or regulations or many states are developing these quality rating systems for childcare and we can build health eating, physical activity into those quality rating systems, but we kind of all have to get together around that same table.

So those are some examples of some of the policy opportunities. And as I mentioned what we did was really you know we had that hook through the child and adult care food program in Delaware but then we also worked in childcare licensing for the physical activity and screen time standards, so we weren't really able to get it all through the child and adult care food program but it had to use the two different vehicles and for us the office of childcare licensing is in the Department of Ed. and I know its different in all different states. It so happened for us. So that's where we did the limit on screen time and the physical activity standards and then we are working on the quality rating system. Ours is called Stars for Early Success and we don't actually have stars yet for

healthy eating and physical activity, we're working towards that. And I think a key component will to get there is something that was also identified at the conference and there was a great presentation on the caring for our children standards. Those are the standards that MCHB and AAP promulgate for childcare centers. They're voluntary standards, they're considered the gold stars you know the high bar but they are completely voluntary and an expert committee met I guess about last summer and they were working on getting those standards updated actually as of January next year but the Maternal and Child Health Bureau is pushing it forward faster because they want those healthy eating physical activity standards in there just as the conversation with them last week they've decided to try to exceed their own goal and to get the new set of standards out so that they can push the healthy eating and physical activity which is really great.

So in terms of some take away messages on the policies and the policy opportunities what we learned from the conference is you know that increasing access and increasing the standards in those federal nutrition programs that's the key. That's a way a lot of our kids are eating and they're learning their eating habits in school or in childcare settings so those are key. The championship as I mentioned in our state having some key champions really made...the chair of our early learning council was a huge champion, the CACFP former director, current director, big champions, we've got great champions at the departmental level in terms of the public health director, the Department of Education, Agriculture at the state level they're all really on board and so we had that in Delaware and that seemed to be kind of why nothing was happening at the national

level because no one was really bringing people together around looking at the childcare setting as an opportunity for impacting obesity prevention. The common messages as I mentioned that was a really big one, kept coming up. Higher federal standards at the state level also through childcare licensing, social marketing campaigns came up around disseminating messages because there weren't a lot of good practices and tools for parents. That was one area where people felt there was still a deficit so I'd love to have more conversation about that, those of you that might know about some promising practices in terms of parents of children zero to five. And then we thought there was an opportunity frankly to take advantage of the current administration because they did have such a focus on these child nutrition programs and you know they were adopting for example the standards that the IOM recommended for school meals and they are funding a study in the child and adult care food program to look at higher standards that the IOM's could recommend for that program so hey they were moving forward all we had to do was support them and maybe give them a little extra push.

So in terms of tools, I wanted to share with you a few lessons from the field and examples of some promising tools and I'm sure I'll see some heads nodding, yes.

UNIDENTIFIED SPEAKER: I had a question about these federal nutrition programs does the state set the standard?

ANNE DE BIASI: No, that's a good question so the programs are federal programs so they do set the federal standards and they're slowly being updated but states in the meantime can set their own standards through licensing or they can get a waiver as we did in Delaware to set higher standards through CACFP, however the CACFP folks will tell you it's not like you can deny reimbursement if someone doesn't meet your standards that exceed the USDA standards, right? But you know what we found? When we train the childcare providers I mean it wasn't that hard. Once they did it they were happy to do it especially for those no cost things like switching to water or switching to low fat or skim milk. You know? It really...once...and like that was the same thing that they...there are foods that are served in childcare centers that aren't reimbursed through the federal CACFP program but they adopted the changes to those foods, too. They applied them to those, too because they're just thinking okay, do I have my whole grain here? Do I...? They did it for all the foods and probably the only area where the nutritional standards weren't 100% implemented was in the area of you know kind of the birthday party, the celebrations thing. You know there are still...most centers still allow, but some centers did actually even curtail the types of food that were allowed for celebrations but a lot of them continued that and then to a very small degree in childcare it's nothing like it is in school there's this competitive foods issue or food in vending machines. I mean if a childcare center is inside a YMCA or whatever there may be some access to vending machines, most 5 year olds don't carry around money, some do. So but for the most part we found when we trained the providers and in fact the data from our Health Affairs article which the article summarized here you can get the article yourself on the website or again I'm happy to provide the full article to you.

One of the statistics that we found was that 81% of our childcare centers had adopted the changes. So once they were given the training it was really pretty easy for them. Feel free...anybody else to stop me and ask a question okay. Otherwise I'll rattle on. I'm only on slide 17; I've got to get going. I do want to mention some tools because I think for those of you that work in the field the tools are helpful but I do also want to say that the [healthykidshealthyfuture.com](http://healthykidshealthyfuture.com) has a whole data base of tools on there and we're working to make that a really user-friendly searchable database but right now you can go in there by state, you can go in there by various different physical activity, nutrition, various different categorizations and find these tools. So examples of ones I'm sure that many of you are familiar with knapsack, the nutrition and physical activity self assessment for childcare. I think that originated in North Carolina I believe. Minnesota also has an early childhood screening tool it's just a quick simple check of children between 3 and 4 and how they're doing. And then the food research and accident center I would say they've really been...FRAC is the acronym for them. They have a great tool kit on their website for the child and adult care food program. It goes back and references a lot of our materials in Delaware but has additional tools, too. And they've been working intensely with certain states to try to make these changes so FRAC is a really good resource and their tool kit's great. Then there is a program called Eat Well Play Hard, which is a nutrition education obesity prevention and physical activity again for pre-school. It was developed by the child and adult care food program but applicable to any childcare setting. I'm sorry I'm kind of using Early Care and Education childcare all interchangeable, the technical correct word nowadays is Early Care and Education but it's a mouthful, so I'm sorry I'm saying childcare for short. I mentioned that caring for

our children standards. Another great...we thought example that came up in the conference was in Colorado they had a physical activity and nutrition program early childhood task force. So they're actually coming around a table to collaborate specifically around obesity prevention in early childhood in Colorado and that's been very successful. At the federal level Head Start has an excellent program called I am Moving, I am Learning and I see heads nodding and they're going to be enthusiastically pushing that forward but that's being used on a national basis. And then something that's good now and hopefully will be even more robust after the child nutrition reauthorization is the teen nutrition program at the Department of Agriculture so they have a website and they're basically a nutrition education program of USDA supporting all their different federal and nutrition programs. So they have grants for healthy school meals. In Delaware we were just successful in getting one of those grants and we're using it specifically for the childcare work. So I know everybody's always looking for funding pots so I thought I'd at least mention some. There's also...there was an 8 million dollar earmark in the FY 2010 Agriculture appropriation bill. It went to the U.S. Department of Agriculture and any week now they're going to promulgate the grant guidelines for that program so I hope those of you who are interested in doing this work in your state will apply for that because...since public health doesn't necessarily interact that directly with the child nutrition programs always you might not know about that grant funding opportunity. And that's another thing we will be promoting really quickly and heavily on through this website and we have also a list serve so if you want to be a part of the healthy kids healthy futures list serve and get information about these things we're happy to put you on there even if you weren't at the conference we're just growing

that list of people who are interested in advancing this field. So we can let you know about that funding opportunity. It was only 8 million dollars so I guess when you divide it up in all the states, but hey you know you get out there quickly...you know somebody's going to get the money. And then CDC they're in the process of developing a tool kit for states to move forward on the childcare licensing in terms of implementing the healthy eating and physical activity regulations so they're developing this tool kit. It's in the process, its going to take a little bit while longer but they're working on it and they're working in six states in particular that are currently through their CDC division of nutrition and physical activity grants focusing on childcare. So it will be even more promising practices and policies that we can disseminate as that work moves forward with the Center for Disease Control. I wasn't going to go into...not nutritionist; I wasn't going to go into the real specific standards unless I'm just asked. Does anybody want me to kind of go through the detailed nutritional standards. Good, thank you. Skip. But you do have a copy of them there and let me just suffice it to say that those people that are the experts the IOM CACFP committee had it's second meeting a week or two ago and there were several researchers that were talking about studies that they'd done in California and Connecticut where they looked at higher nutritional standards for childcare facilities and we also presented on what we did in Delaware and a couple of other providers presented and it was basically unanimous you know everybody I mean a tweak here a tweak there. You know somebody says once per every two weeks can you serve a food of minimal nutritional value and somebody else might say one time per week. You know there's small differences but in general there's a professional consensus on what the standards should be for the kids and childcare settings and

there's pretty strong consensus also around the fact that there is a need to align the CACFP meal pattern with the U.S. dietary guidelines because that's totally confusing. Like for example in the CACFP meal pattern milk is its own category so even if you serve like a yogurt parfait for breakfast and the kids aren't going to get then you still have to serve the glass of milk. So it has cost implications so they need to align those things and I think USDA is aware and waiting for the IOM report to come out to spur them to do that which should be in the next year. It seems like a long time but it takes a while. So all of this is actually the detailed nutritional standards and physical activity and including screen time standards are detailed in two guides that we put together at least for Delaware and they're available on the FRAC website or also on this happy kids, healthy future website. And there's one best practice for healthy eating and then there's one for physical activity. So especially like healthy eating one has been very popular because it sort of lays out exactly what the standards should be and how they could be implemented. And then we have various different tools that support that so most of the tools are listed on pages six and seven of the paper hand out. On pages six and seven there's a list of these best practices for healthy eating, best practices for for physical activity, the healthy habits for life that's Sesame Street Curricula I referred to earlier and actually it's not really curriculum none of it is really curriculum. They're tools. They're actually practices they're not like a teaching curriculum at all. And then there is a learning collaborative tool kit that's what the learning collaboratives use and then there's the planning healthy meals how to tool kit and that's the one from like I was mentioning has the portion size. You know it's real specific with the recipes how you do it, the portion size and then we have these different policy briefs some of which you have and

others which are available. These are specific to the policy change but we also you know sometimes you need the justification to move your own work forward in the state. We also have briefs for example tying healthy eating physical activity to academic outcomes and some of the more things you might need to set the stage and get the support in your state if you wanted to move forward. So there are tons of tools and those are just the ones from Delaware. I mean we had an exhibit room at the conference and it was just chock full...and you know it was interesting because a lot of people were saying to me I don't want to bring my tool to the conference because it's not quite done yet. I don't have all the references...I haven't exactly checked it against this or that or the other thing and you know we were like this is innovation folks What you got is a lot more than what they have in other states so just bring it with you and don't worry about it and so I will say that some of the tools on the website you know people did feel a little uncomfortable but for the most part they shared them because that's really where the field was that people were really in the development of their tools so it's an exciting and innovative time. Oh we've also got DVD's so that we can teach the center directors how to teach their own childcare providers in the train the trainer type mold and we also made toolkits specific for zero to two as opposed to three to five because those were important developmental break downs. So we had the Sesame Street tool kit is really geared from three to five and then we did an infant to two year old tool kit of course that would be much more breastfeeding, etc. etc. We did that with the University of Delaware. Now I've gone through what we did in Delaware, National Conference, the promising practices, policies and tools that are out there and I want to

kind of just do a little bit on what we found to be our results but I want to kind of pause again.

BRENT EWIG: You have 30 minutes from now.

ANNE DE BIASI: Oh...my god...I want to make sure we have plenty of time to discuss. Okay I'm going to try to whip out these last...I'm almost glad we didn't have the PowerPoint you guys because I'd still be ten slides behind if I was trying to go through each bullet point. Well like I mentioned, overall we were excited to be featured in the Health Affairs issues this week because as this summarizes what we found in our first, well our second data point, we had our original data point at 37% overweight and obese per the BMI in Delaware and then we had our second data point in 2008 which shows 37% overweight and obese, so that doesn't sound that astounding but it is actually because the rate of BMI have been going up to do this and level off is actually really astounding. Can we say that's due to everything that we've done? No. Of course it is quasi experimental design, it is a representative household survey, but no, it's not a randomized control trial in the State of Delaware, we wouldn't want to leave any kids out. So it's a positive sign a third data point will be very exciting and of course that will be 2010 so we probably won't have that data until 2011 but at least I think it provides support for the fact not only do you need to start at the earliest age in the childcare setting and in the primary care office getting to the moms but you have to have that multi-sectoral model. So we needed to be working in all those sectors simultaneously to really be saturating, get to all kids in every setting they were. We have this great slide

that has a clock that shows how we try to get to the kid at every part of their day. You know they might be with their parents in the morning and then they're in the childcare setting for some before school care, they're in the school, they're going to the YMCA for some after school program, they're visiting their doctor you know and how we tried to make sure that we reached the child at every minute of the day and that was kind of the idea behind the multi-sector model. And it's working in that 81% of the centers that have participated in our learning collaborative have made significant changes in their practices and that includes more structured physical activity both indoors and outdoors, some family style meals with the teachers coaching the children, the policies for the parent provided food, so not just your standard healthy eating and physical activity, too, some of the things that go further. We really worked on things like making sure that you know food isn't used as a reward or punishment, that physical activity isn't taken away as a punishment so we really went pretty far in terms of the policies, I see some heads nodding you know those aren't kind of the standard things you start with really. The policies are being implemented at the center level and they are being supported with the training and technical assistance including via the quality rating system which will be kind of the hook going forward as well as some monitoring that occurs through licensing and child and adult care food program. And then as I mentioned the ongoing training through the Institute for Early Learning Excellence. Now I wanted to address one other main component before we get into discussion and that's just to be quite honest and truthful, yes?

UNIDENTIFIED SPEAKER: On the results how did you get the children's BMI's?

ANNE DE BIASI: That's because we we're the provider system. So we were able to crosswalk the actual households in the survey with their medical record, both the electronic, because we have a 90% rate for measurement and counseling on BMI in our provider system because we have that "hardwired" that's what my technical people say into our EMR so that when the child comes in for their visit with their primary care doc they get the height and weight and automatically calculates the BMI and gives you the anticipatory guidance accordingly. So we were able to do that through medical record review and the electronic medical record. So we actually got to look at the BMI. In the school settings they're using the fitness gram. We have a fitness gram statewide in Delaware and in that we found that the schools that did 150 minutes of physical activity each week the kids were 1 ½ times more likely to be in the fit category for the fitness gram. So the BMI...but to answer your question specifically we used our own electronic record and a regular traditional record review.

I wanted to address the reality of what we did in that it wasn't easy and it's still not easy on the national level. There is a lot of resistance in the childcare community. Not because they don't want their kids to be healthy or a healthy weight but because there's a lot of pressure in the childcare community right now. Early learning is under a microscope as you know and as much as there's resources coming down the pike there's a lot of pressure. And so you know providers who may be really willing really need to be supported through this effort. They may get on board with the goal but they need the tools and they need the technical assistance, the you know somebody sitting

with them side by side in their center helping them doing it. We run a lot of focus groups we've done a lot of surveys, you know regular evaluations and then just a lot of talking with people to really understand what they're concerns were in trying to do this and to address those concerns in any way we could. And I have to say it's really been the most challenging but also then the most rewarding when we're able to decrease those barriers. So things like of course the first one no surprise nutrition standards are too expensive to implement. Childcare has been under funded for years, decades, decades, I don't know how long but it's chronically underfunded, something we all know a lot about, right? And so you know to impose anything additional on them you know cost is rightfully the first concern so we did really focus a lot on the no cost changes in the beginning. We also focused on things that would help them such as lessons on portion size. And so we found for example there are pre-school settings that use the same school lunch vendor and they're just serving the school lunch to the pre-school kids and its way too much food, you know so there was an opportunity to save and I was happy to hear one of the largest Head Start centers that we work with in Wilmington told the IOM committee that their food costs have actually gone down, now on the other hand their labor costs went up because it took more labor to prepare the food from scratch. You know putting a chicken nugget in is easier than making a beef stew was her example. But the food costs actually went down but they did have to work in order to find another supplier. So there are...there are things that are no cost like the milk substitution or water substitution, not so much juice or no juice. And the portion size but there are also...there are truths to the fact that it does cost more. Like the whole wheat is a specific example. But ultimately the market will respond to that since this is

happening in all different settings so hopefully even those things that do cost more fresh fruits and vegetables of course and we would make a point that you could use canned as long as it's not in syrup or no salt added but that was the number one thing. Another one that is very true that the families are resistant to change. We had a lot of cultural barriers we had to overcome and you know the parents were screaming and yelling in the beginning and our center directors they had to be huge champions because they had to say you know we are here for the health of your child and this is the right thing to do and it was...there was a lot of resistance from families particularly families that were sending in their own food that had to adhere to any standards around food brought home so you really have to involve and engage the families of places that did cooking classes and parent education classes or sent an actual dinner home with the parent periodically they were very creative in working through some of those concerns. Acceptance by the kids. Kids aren't going to drink that skim milk. Well you know in the end the kids loved the blue milk. They call it the blue milk. They love the blue milk but it took a while again even for them to you know get over that. And I think also just the perceptions that we deal with ourselves of course we give to our children so we did have to do a lot of work with the childcare providers that kids need to try something 15-20 times before they're actually going to eat that piece of broccoli or whatever that asparagus, pepper, pepper...red, yellow and orange peppers are my 8 year olds favorite vegetable right now. I can't believe it raw, it's funny, but once you give them something you know? So those were real concerns and they really had to be addressed and they don't go away overnight so I just wanted to recognize that because I think that as you embark upon this this can be somewhat discouraging but we did find that we

were able to decrease these barriers along the way with sufficient support. They were worried that we wouldn't get buy in from the staff that was one thing and that was one thing we do measure the buy in from the staff in terms of our evaluation. People were worried that they wouldn't be able to meet their CACFP guidelines and get paid. So there were just a lot of concerns and that one document that you have the paper document details those concerns and I think it's good to be aware of them and know that there are tools out there to help to address those concerns. Our lessons from implementation involving the childcare providers from the start, that's absolutely key in and I will say that's been key to our work at the federal level as well to really and they're very engaged now and in fact they'll be legislation introduced in the senate this week that will seek to raise the standards for nutrition in child and adult care food program. It will also seek to reduce the paperwork in that program, addressing the concerns of the providers and there's another bill out there that would give them more money even for the standards that they have right now. So there's a lot of work but it's a process of working together. We thought it was really important to have a forum these learning collaboratives and trainings provided the forum for providers to share their concerns. So you had to create a mechanism where they could raise honestly and courageously their concerns in the beginning or along the way. And then developing the solutions to address those. Insuring that the policies and practices are really integrated into the daily routines of the center. Not something above and beyond and into the provider support system such as the training, technical assistance, and quality rating systems. And mostly about collaborating and dialogue was really a process of bringing several different worlds or sectors together and so that collaboration and dialogue was really

important and we encouraged that to happen at the state level as well. And then funding streams...I've already mentioned it so you know there's definitely a dearth of funding in this area and we do hope that we can grow the little 8 million dollar pot that got on there or you know encourage CDC or HHS or Department of Ed. to use some of their existing monies to support or for example where there's the teen nutrition program that nutrition training can support children zero to five in addition to the WIC programs, the SNAP programs, school lunch, school breakfast, etc. So we just keep encouraging it. I think the funding streams will develop. Okay I'm getting there. The tools. I think I've emphasized that a lot. The tools have to be so easy to use. We really found that. And I mean it seems obvious but you know we did have to be nimble and opportunistic. When we got the opportunity with the child and adult care food program to increase those standards I mean that was key to us. When the teen nutrition grants were out there and available we had to go for it as a state so our CACFP director had the resources to be able to support these changes before he actually had to monitor them. And so we had to be...we had to kind of go where the opportunity was and that same thing I believe is going to happen at the federal level. A couple other things that were...one thing that was brought up that I think you all would find interesting was at the conference and this was actually brought up by a federal person that we really should be looking to leverage Medicaid. There's got to be ways that we can better leverage Medicaid to support healthy eating physical activity in child health promotion generally. I mean that's such a major funding source for the populations we care about we've really got to do that. And the thing that I mentioned earlier that we felt like all the innovation out there we're still shy on is engaging parents and educating parents and that's still an area of real

opportunity. So I'm just going to do like two minutes on research because that was like third goal of the conference, I can't totally ignore it but just to say...well first of all in terms of a source for research you can...the Robert Wood Johnson Foundation supports a program called healthy eating research at the University of Minnesota, run by Mary Story, she's a great expert. The other person particularly on childcare licensing regulations is Sarah Benjamin who recently left Harvard and is at Duke. She's done a study evaluating state regulations so you look to see where your state is. She came up with ten model regulations in physical activity and ten in nutrition and then she rated each state and the most any state had was like three in each category so they had like a maximum of 6 out of 20. So there is a lot of room for opportunity and there are things laid out there and those will probably be consistent in what comes out in caring for our children. And then I do want to also mention because this is very important to the Maternal and Child Health Bureau and their funding to the conference that we need to consider the overlaps and the links between oral health and obesity in addressing these populations. And we had a wonderful presentation that showed that while there is not a causal relationship in either direction they're the same exact risk factors. So we really have the opportunity to address both potential oral health problems and prevent obesity through you know again the no sugar sweetened beverages, take away the juice, etc. etc. So that was important to the Maternal and Child Health Bureau and I think an important contribution to the conference overall that we need to remember to speak broadly about health. So in summary on the research there is a lot more to do. Since there's very little going on in the field there hasn't been that much research to actually build the evidence base so that you all could go out there and seek funding and do

more things in the field. But Mary Story is co-chairing now a subcommittee of what is a permanent steering committee that has come forward out of the conference and you all again are welcome to engaged in this community. It's called the Healthy Kids Healthy Futures Steering Committee and Bill Dietz and my boss Debbie Chang are co-chairing it and we have let's see...we have a policy subcommittee that's co-chaired by Kumar Chondren, this was just announced on Thursday so I've got to think about it, and his co-chair on that policy subcommittee is a state level person Tony Russell from the State of Arkansas who works in their childcare licensing division and has done a lot of this work and we'll be announcing shortly hopefully two co-chairs for a best practices community who is really looking at scaling up and discriminating those practices and tools. And that will hopefully be co-chaired by someone from USDA and somebody from ACF and of course they have a great opportunity to push out those tools and practices through their departments. So that's what's happening going forward and I want to just end by tying this to the bigger picture that's out there right now which is let's move. You know the first lady's initiative has of course provided a huge oomph to this whole effort and by view of disclosure I should say I said we were an operating foundation, we are one of the six foundations that's founded what's called the Partnership for a Healthier America which is one of the parts of the first lady's campaign. It is an independent non-partisan foundation but it is going to serve to help to implement a let's move by getting measurable commitments from private and public non-profit industry, you know the obvious ones that jump to mind of course are food and beverage, but what if every private child care provider say KinderCare or my child wants Child Time, let's say those big childcare providers voluntarily adopted some of these standards moving forward.

Those are the type of meaningful measurable commitments this foundation will be seeking by working with very high level bi-partisan co-chairs on a very, very high level honorary chair who will be announced soon and you can probably guess. So that partnership for healthy America. The other thing that I think we can all do is push up anything that we think will help in this area through the White House Task Force on obesity prevention on childhood obesity. Because that inner agency task force is doing its 90 day review right now of all the federal programs so anything that we think is a support for this type of work we should raise up in that 90 day review process so that it becomes a part of the action plan. Like one of the things that we pointed out was the early childhood comprehensive systems grants. You know they may not be specifically about obesity prevention but they provide that table around which many people collaborate and coordinate and integrate in their state so it is important to obesity prevention or child health promotion and work going forward. And specific programs can also be identified so you all could have the opportunity to do that as well if you think there either are programs or there should be something available that 90 day review process is really critical because then they're going to have an action plan and you know we want to be in that action plan. And the other thing I want to say about the whole Let's Move campaign is those of you who are familiar with it if you've looked the first lady has four pillars that she's working on starting with empowering parents, access to healthier foods in schools, more physical activity and then the whole food desert type of issues. So she has these four pillars and if you read them you might think that they don't really address childcare but don't get too discouraged about that we're working very intently with them they do absolutely agree that the childcare setting needs to be

addressed with every one of those pillars. So I think it's just going to be a matter again of pushing forward the promising practices and policies and programs. So it's not that they've ignored childcare but you will see a lot of words around schools and such in those pillars so I just don't want you to be discouraged but I do think that they will embrace childcare at least I know we're working hard to make sure that that's the case. And there's a website for Let's Move if you haven't been there the healthier America, the President, the White House website has the executive order issuing the memorandum to establish this inter-agency task force so if you're interested in who's sitting at that table...you can get that right from the White House website and then most importantly it's really just that [HealthyKidsHealthyFuture.com](http://HealthyKidsHealthyFuture.com). I do want to take your card or your name if you do want to be a part of that community and I can't believe I talked this long. I'm just so amazed. So I'm going to totally stop talking. Poor Brent's been sitting here ready to facilitate.

BRENT EWIG: How about that with two hours preparation time and detailed and jam-packed so thank you Anne. (Applause) I have a feeling you've presented parts of this before?

ANNE DE BIASI: No, you know it's so funny you know when you put on a national conference like I was in the lead on it so all I did was run around with my binder under my arm and trot after the secretary or you know get people in the room, ding the glass...and everything. I never even got to watch the PowerPoint presentations at the conference, but in the process of writing the white paper I did get to know them pretty

well. But I actually...you know you probably identify with that experience when you want to be immersed in the content and you're too busy with the logistics of it so today was actually a great way for me to make sure I was steeped in it. And I'll be talking...giving the same presentation at the Niche Queue Meeting this week in Atlanta, Georgia which has you know a big focus on childhood obesity and brings together many different communities so we'll be pushing out this whole childcare aspect in every avenue that we can, but...you guys were the first audience that we targeted as what we thought were really the key audience for moving this field forward and that's the same reason why we invited folks like yourselves to the conference in those state teams that we really thought if...similar to what they did at the national governor's association conference on early education. If you can go back and work with the folks in your state that work on childcare licensing you know if you can go back and team up with them I know oftentimes you don't even know each other but you know if you can that's probably a great way to get the work started in going forward. So this was really our key audience so I really appreciate you coming to this workshop today.

BRENT EWIG: Terrific. Other questions that we didn't get as you were going through?

UNIDENTIFIED SPEAKER: I like to ask you about your work in Delaware for the licensing agency. When you were (Inaudible)... physical activities what kind of consideration is given to enforcement?

ANNE DE BIASI: Well that's still something that's undergoing is the enforcement so I guess they'll be doing the enforcement in their once per year or twice per year you know visits to the various sites. But I guess in the beginning and this is true also for CACFP it's really the same feeling at the state level that what we want to do is support people in making the changes and not be punitive around so enforcement is not at this point. They're not going to yank anybody's license. They're not going to take away their CACFP reimbursement they're just going to ask them to get more training and ensuring that the trainings are in place and bring in technical assistance so that's the orientation of the folks at the state level is that this should not be punitive because it really takes a lot of support to actually institutionalize it within the site or the center. And I'll be interested in feedback on that you know maybe other states are taking a harder approach.

UNIDENTIFIED SPEAKER: (Inaudible)...

ANNE DE BIASI: Yeah, so they wouldn't go in there and...they would just encourage you to do it. I mean in a lot of ways how are you really going to know on the screen time thing. They're going to turn off the TV right when you show up at the door so you don't know if the kids been stuck there in the swing for four hours.

UNIDENTIFIED SPEAKER: I was just wondering if there was any sort of recordkeeping requirement?

ANNE DE BIASI: No, actually that's a great question but no, there isn't right now. No, we did not want to be onerous at all so I'm sure that that would have been squashed in a second you know?

UNIDENTIFIED SPEAKER: going back to the (Inaudible) from Arkansas, going back to the first part of your talk, 250 partners that's astonishing how did you do it?

ANNE DE BIASI: Okay well you know it was one of those things so Sussex is downstate and more of a rural area you know and we provided support for the beginning of this coalition we actually got the coalition incorporated with a 501C3 and we supported the initial executive director and everything but you know it was one of those things that just mushroomed as the work was going along. I mean when we started there were like ten partners at the table and they were engaging key groups based on the sectors we were working on so for example in the schools we tend to work with the superintendent and that way we get some scale because they work with all their schools rather than working school by school. So you know the superintendents started coming in, the local school board and the other policy makers, the businesses started to come in you know it's an agricultural community so the agriculture came in and we're doing farm to pre-school and farm to school and community gardens and all those kind of things. In fact they talk about it in Sussex County there's only like two places they can meet now because it's too big for any meeting room that they have down there now and I guess you have to go to a church or something. They have like two sites that they can meet and a lot of times when they meet some of the farmers will bring in watermelon season and this truck of

watermelons will be out there for this coalition that's meeting so I think it was engaging those community leaders and having that social marketing I do think was important in creating some kind of excitement. The name of the campaign is Making Delaware's Children the Healthiest in the Nation so it kind of go a little bit like Summerville, Mass, you can kind of get people jazzed up, we're a small state we can really do this. And there's this incredible community leadership. And I don't know if there's any other secret than that. I'm going to ask them it's a great question. That's a great question.

BRENT DE WITT: Any other questions? All the way to the back...

ANNE DE BIASI: You might not have hand outs either so anybody who didn't get hand outs I'm sorry I want to make sure you don't go hand-out-less.

UNIDENTIFIED SPEAKER: (Inaudible)... when you say statewide (Inaudible)... in every school in the state and who is taking the lead related to the data gathering and processing the evaluation piece?

ANNE DE BIASI: You know I don't know the answer to the second part of your question but the first part of the question are they using it statewide, but I do believe the fitness gram was instituted via legislation in Delaware so that would be a statewide use so whether it's used elementary and secondary I believe so. But not in the pre-school setting so just in elementary and secondary and I'm going to have to...if you leave your card I'll definitely get the answer to the second part of your question in terms of who's

doing the data gathering because I don't believe that we're doing that in Nemours. We are doing a lot of the evaluation but I do believe that's happening at the state level, but I don't know I'm sorry.

UNIDENTIFIED SPEAKER: (Inaudible)...

ANNE DE BIASI: That's great and I'd be happy to get you and put you in touch with the right person. We have a person who used to be solely devoted to our school sector and so we got a great expert on that and how we did that and to put that in a bigger, I mean I'm talking about childcare today so I didn't get so into that but we have a great toolkit for developing and implementing a wellness policy overall and then specific to the 150 minutes we had the governor did an executive order on that and that's how we got moving forward with the 150 minutes and there was one other thing, oh in the after school programs we used CATCH so those are some of our physical activities. But interesting that you raise those questions around physical activity because in putting together the conference we had the hardest time finding the speakers on physical activity so there's a lot more out there on the nutrition side and maybe on physical education but if you're really just looking at physical activity a little bit more of a subset of physical education you know there weren't as many resources. Jeff Sumnerland from Illinois who used to work at Head Start for many years and now is with the YMCA, the national YMCA and Jim...oh what's his name...oh gosh he's so great...Sallis. He's a physical activity expert too also nationwide but that's interesting you ask those questions. I think it's much harder to get the promising practices in physical activity.

Brent De Witt: To share a personal story, my daughter who is 16 months in her daycare class she was just named best dancer.

ANNE DE BIASI: Oh, there you go!

BRENT DE WITT: Yeah, really, really proud. One last kind of closing comment from an AMCHP perspective because we were talking about Let's Move. I did want to share with you all that we were invited in a little bit before the formal announcement to provide some feedback on behalf of state MCH programs and so I think we've posted in one of our recent newsletters kind of what our memo of points it was but one of them definitely was we knew they were focusing on schools and we said make it schools and childcare settings.

ANNE DE BIASI: Thank you I will go look that up and use that.

BRENT DE WITT: And the other one was tied to the...you know we sensed that there was going to be the can we get commitments from folks? And you know whenever there is an initiative kind of like this in particularly in the east and the first lady's it's often where there is a no resources one so while we were thrilled to have the leadership one of the...we didn't make this our first point obviously because you know we're pretty smart to not lead with the negatives so we told all why we love it, why it's going to be great, why...here's some helpful suggestions but the very last thing we shared with the

first lady's chief of staff and the director of the White House Council Women and Girls was that when you look at funding issues, the MCH block grant which could address childhood obesity which put a performance measure on BMI and WIC kids has been down 70 million dollars for the last 7 years and when you look at CDC's division of obesity physical activity, nutrition. It's 38 million dollars it doesn't even have enough money to fund every state with the basic grant. And I said we don't want to embarrass the administration but to put out a national initiative and expect results and not look at the complete erosion of funding in public health we don't think it's going to be realistic. And I thought they were going to say please don't repeat that again and thanks for coming in. They were actually very encouraging that they wanted us to continue that advocacy. There is not money in the President's budget this year although with the fresh food financing initiative I think it was 400 million dollars in loans to address that issue of food deserts so they are serious about it, but it was a great opportunity for us to link with the White House to say build on the expertise of state and local public health and MCH and really pleased to because of the resources that are needed so we got that pitch in on your behalf and we'll see where it goes from here. But it's very exciting and again let's thank our speaker and she did a great job.

ANNE DE BIASI: Sorry about the PowerPoint you guys and sorry I'm not Debbie Chang. I didn't mean to disappoint you. I didn't address preconception.

Brent De Witt: We have a little break and then we'll see you all in the opening welcoming session. Thanks for coming.

ANNE DE BIASI: Thank you so much for that question. You guys are doing great stuff out in Arkansas.

UNIDENTIFIED SPEAKER: Tell me who you've been working with from Arkansas you mentioned... (end)