# The Learning Collaborative Approach to Childhood Obesity in Early Care and Education

# **SUMMARY**

In 2013, Indiana became one of five states chosen to participate in the National Early Care and Education Learning Collaboratives (ECELC) Project. This project was led by Nemours and funded by the Centers for Disease Control and Prevention (CDC). Indiana was selected based on general readiness for the project, high rates of childhood obesity, prevalence of children living in poverty, and need for an ECE childhood obesity intervention. The Indiana Association for Child Care Resource and Referral (IACCRR), now part of Early Learning Indiana, partnered with Nemours as the on-the-ground implementation organization and recruited 43 ECE programs, which serve 9,700 children, to participate in the ECELC. Collaborative sites were located in Northwest, Northeast, West Central, and East Central Indiana.

Each ECE program selected a leadership team of three members (e.g., program owners, directors, teachers, cooks), which was empowered to champion the project and health improvements within their centers and with their peers. Leadership team members were invited to attend inperson learning sessions. Topics at learning sessions included best practices on healthy eating, physical activity, reduced screen time, and breastfeeding support. In between learning sessions, teams were asked to complete assessments and homework. Teams also were given technical assistance on the homework in addition to the implementation of obesity prevention practices.

### YOUR INVOLVEMENT IS KEY

For more information about Taking Steps to Healthy Success, visit https://partnershipsforearlylearners.org/2016/07/27/taking-steps-to-healthy-success/.

More information about DNPA can be found at http://www.dnpa.isdh.in.gov.

This project is supported by the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health cooperative agreement (DP13-1305) in addition to the six-year Cooperative Agreement (6U58DP004102-05-02) between Nemours and the CDC, which supports states in launching ECE learning collaboratives focused on childhood obesity prevention.

# CHALLENGE

The number of children in some form of child care and the amount of time children spend in the care of someone other than a parent/guardian are at an all-time high. Opportunities exist to improve nutrition and physical activity in child care settings. The types of child care settings in Indiana include centers, homes, ministries, and pre- and after-school programs. The Indiana Family and Social Services Administration (FSSA), Office of Early Childhood and Out of School Learning, reported 634 licensed child care centers; 2,689 licensed child care homes; and 667 unlicensed registered child care ministries in 2016.

According to WIC data, among WIC participants, 15.1% of children ages 2-5 are obese and 20.5% of children ages 2-5 are overweight. We know that if healthy behaviors are modeled and taught to children at an early age, they are more likely to continue those behaviors into adolescence and adulthood.

Indiana has a Quality Rating Improvement System (QRIS) titled Paths to Quality (PTQ). Many child care providers participate; however, a challenge is that nutrition and physical activity standards are not included in the ratings. The Indiana State Department of Health's Division of Nutrition and Physical Activity (DNPA) and partners have been working for a few years to add those into the ratings, but it is a slow process.

"Taking steps to Healthy Success made a great impact on my center and staff. We learned many ways to improve our program. Some of the littlest changes made a big difference. We are all better from this training—staff and children are healthier and making better choices. Great program—we would do it again!"

- Dawn Maier The Miracle Zone Child Care

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# SOLUTION

To incentivize participation in the collaborative, centers were provided with \$100 following each learning session. Centers also received six hours toward the annual licensing requirement and Indiana's (PTQ) requirement for ongoing professional development. Individual staff members also received clock hours, which assisted their professional development requirements. Other incentives included resources and toolkits, in addition to personalized technical assistance, which was supported by the Indiana State Department of Health.

# RESULTS

To measure changes in best practices, programs completed the Let's Move! Child Care Quick (LMCC) and the Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) at the start and end of the collaborative. Analysis of the results show statistically significant increases in ECE programs' adoption of best practices around healthy eating, physical activity, reduced screen time, and breastfeeding support. Specifically, programs in Indiana made the following changes:

- Indiana programs were meeting 64.2% of LMCC best practices at baseline. After one year, programs met 75.1% of best practices, resulting in an increase of 10.9%.
- Indiana programs were meeting 51.5% of Go NAP SACC best practices at baseline. After one year, programs met 64.5% of best practices, resulting in an increase of 13%.
- Physical activity saw a 19.1% increase in meeting best practices, from 45.1% at baseline to 64.2% after the sessions.
- Healthy eating best practices increased by 10%, from 55% at baseline to 65% after the sessions.

Programs were asked to complete the assessments six months after the evaluation survey, and they all showed maintenance of the best practices.

### U.S. Department of Health and Human Services Centers for Disease Control and Prevention

NCCDPHP

#### **Contact CDC**

http://www.cdc.gov/cdc-info/requestform.html

#### Website

http://nccd.cdc.gov/nccdsuccessstories/

The findings and conclusions in this success story are those of the author(s) and do not necessarily represent the official position of the funding agencies or the Centers for Disease Control and Prevention (CDC).

# SUSTAINING SUCCESS

In 2014, an additional 69 ECEs, serving more than 6,800 children, were recruited to participate in a second year of the ECELC. In addition, to ensure that ECEs that have not been able to participate in the ECELC are well-positioned to provide healthy environments, IACCRR integrated and coordinated messaging throughout the state. An accomplished success was that standards related to obesity prevention were added into Early Learning Standards "FOUNDATIONS to the Indiana Academic Standards for Young Children from Birth to Age 5."

As licensing regulations for family child care home providers are reviewed, partners have been working to include or revise current regulations to align with national physical activity and nutrition standards. IACCRR also increased the number of trainings throughout the state that include content on obesity prevention in ECEs.

