Early Care and Education Learning Collaboratives to Prevent Childhood Obesity
New Jersey

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Presentation Overview

- Nemours Expertise and Recognizing the Importance of Early Care and Education (ECE)
- Overview of the Early Care and Education Learning Collaboratives Project
- New Jersey: Why Selected and Anticipated Impact
- Planning for Implementation
- Next Steps
Recognizing the Importance of Early Care and Education (ECE)

ECE is an optimal point of intervention for obesity prevention:

- Childhood obesity is a widespread epidemic impacting the 12 million children who spend time in ECE settings.
- More than a quarter (26.7%) of the children 2- to 5-years-old are overweight or obese.
- Evidence-based research supports the need to provide healthy nutrition and physical activity environments for children at young ages.

*Nemours is committed to helping to reduce the prevalence of childhood obesity and increase physical activity in children.*

Nemours – Building Expertise in Delaware

- Nemours Health and Prevention Services (NHPS) developed the Child Care Learning Collaborative (2008-present)
  - Empowers child care providers with the tools to increase opportunities for healthy eating and physical activity for children in their care.

- Positive Results
  - 100% of participating centers made changes to *either* healthy eating or physical activity practices and policies.
  - 81% of participating centers made changes to *both* healthy eating and physical activity practices and policies.

- Examples of practices and policies changed:
  - making self-serve water available to children at all times
  - replacing whole milk with 1% or skim milk, and
  - creating a policy that devotes at least 60 minutes per day to active play.
### Project Funding and Critical Outcomes

- CDC funding provided via cooperative agreement using 2012 Prevention and Public Health funds from Health Reform Act
  - 5 year (2012-2017) project period
  - First year funding is $4.2 million
  - Project launched October 2012

- Nemours will bring its evidence-based learning collaborative model to scale nationally to achieve critical outcomes centered on:
  1. Increasing the number of child care facilities that meet the Let’s Move! Child Care best practices in healthy eating, physical activity, breastfeeding and screen time; and
  2. Growing the numbers of young children attending programs that meet those best practices

### Project Goals and Impact

Funding from the cooperative agreement will:

- Spread and replicate Nemours’ Delaware child care learning collaborative curriculum nationally
  - Arizona, Florida, Indiana, Kansas, Missouri and New Jersey

- Change outcomes in the following areas:
  - increase percent of children who eat fruits and vegetables daily
  - decrease percent of children who consume sugar drinks daily
  - increase percent of children who have no more than 30 minutes per week of screen time
  - increase percent of children who are provided age-appropriate physical activity daily

First year impact ➔ Estimated 840 ECE centers, serving 84,500 children in six states
Key Project Partners

Nemours will be working with more than 13 national partners with expertise in public health and early care and education that will support implementation and achievement of the project objectives.

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ECE Learning Collaboratives Model

- **Training trainers and technical assistants** – We will train the trainers in each state to conduct collaboratives on-the-ground with ECE providers.

- **Building ECE system infrastructure** – Funding for each state to hire 1-2 FTE to help facilitate recruitment, create critical relationships and coordinate project activities and logistics.

- **Program recruitment and launch of provider collaboratives**
  - 30 collaboratives – each with about 30 centers – across the six states
  - Leadership teams from ECE centers participating in five structured sessions with action periods between to ensure successful implementation.

- **National ECE Technical Assistance and Support Center for Quality Improvement**
  - Provide technical assistance
    - Supplement state ECE systems
    - Quality improvement expertise
    - Curriculum content expertise
On-the-Ground Implementation

- Early care and education providers will be recruited to participate in the year-long early care and education learning collaborative
  - Collaborative consists of 5 in-person structured workshops
  - 2-3 representatives will participate from each center
    - Directors, educators, food service personnel, parent partner, etc.

- Access to tools, materials, resources and curricula based on Let’s Move! Child Care (LMCC) and the Preventing Childhood Obesity 2nd Edition standards
  - LMCC Website, www.healthykidshealthyfuture.org, created and hosted by Nemours

- Ongoing technical assistance and support
  - Electronic (phone, e-mail)
  - On-site

Center-Level Policy and Practice Change

- Changes implemented by participating programs will address the five goal areas of Let’s Move! Child Care. A few examples may include:
  - Physical Activity:
    - Developing a policy that preschoolers be provided with 120 minutes or more of active play time every day, both indoor and outdoor
  - Screen Time:
    - Providing families of preschoolers screen time reduction and/or media literacy education such as special programs, newsletters, or information sheets two or more times per year
    - Limiting screen time for toddlers and infants to no more than 3-4 times per year or never
  - Food:
    - Changing practice so that meals to preschoolers are served family style
  - Beverages:
    - Making drinking water visible and available inside and outside for self-service
    - Creating a center-wide policy that eliminates sugary drinks
  - Infant Feeding:
    - Repurposing space to provide breastfeeding mothers with access to a private room for breastfeeding or pumping
Spreading and Scaling Nationally

- Year 1 implementation and evaluation will inform scale and spread in years 2-5
- Goal to reach more than **420,000 children** by the end of the 5-year project

**Key project period (estimated) benchmarks:**

- Year 2 – Year 1 participants become "mentors" to new collaboratives; refine spread and scale models
- Years 2-5 – Expand to other ECE settings, including *family child care homes*; Engage *tribal communities*, particularly the Navajo Nation in Arizona
- By year 3 – Project will impact at least 50% of the population of children up to age of five in center-based care
- Years 3-5 – Include expansion within states (i.e. new regions) and exploration of implementation in other states
- Continual focus on *evaluation and sustainability* to ensure effectiveness and lasting impact

Why New Jersey?

**High Need**

- High rate of obesity for children under the age of 5 at 18.4%
- Over a third (34.3%) of low income children are overweight or obese (ages 2-5)

**Committed Leadership**

- ShapingNJ
- Collaboration among state departments and community agencies

**Nemours Existing Partnerships**

- AtlantiCare
- NJ Partnership for Healthy Kids

**Opportunity to Serve as a Model**
Impact in New Jersey

- During year 1 (October 2012 – September 2013):
  - 5 collaboratives will be launched across in New Jersey
  - 150 centers will be recruited to participate (30 per collaborative)
  - Approximately 15,000 children will be impacted by enhanced provider knowledge and center-level practice and policy changes
  - Information will be gathered to improve, adapt and expand the project

Planning for Implementation

- Nemours is in the information gathering and planning stages of the project
  - Engaging partners
  - Exploring existing infrastructure
  - Building the support system
  - Spreading awareness

- Anticipated Timeline
  - Recruitment of centers – Winter/Spring, 2013
  - Train the trainers – April, 2013
  - Kick off of the learning collaboratives – May/June, 2013
Next Steps

- **Specific questions or input?**
  E-mail Allison Gertel-Rosenberg, Nemours Director of National Prevention and Practice, at agrosenb@nemours.org

- **Interested in learning more?**
  Stay tuned! Additional information to come in early spring.