Future Directions for Childhood Obesity

Building a Culture of Health in New Jersey
December 2, 2015
Jamie Bussel
Robert Wood Johnson Foundation
Future Strategy Overview

• Broaden and intensify our focus on closing childhood obesity disparity gaps by building health equity.

• Stay the course on key policy and environmental change levers.

• Build demand for healthier policies, products and communities.

• Increase our focus on:
  – Pregnant women and young children
  – Engagement of the healthcare community
  – Parents and caregivers
2025 Strategic Objective

By 2025, 85 percent of children in America will be at a healthy weight, no matter who they are or where they live.

Decrease disparities by 50%.
Big Bets

• **Ensure that all children enter kindergarten at a healthy weight.**

• Make a healthy school environment (PK-12) the norm and not the exception across the United States.

• Make physical activity a part of the every day experience for children and youth.

• Make healthy foods and beverages the affordable, available, and desired choice in all neighborhoods and communities.

• Eliminate the consumption of SSBs among 0-5 year olds.
Ensure that all children enter kindergarten at a healthy weight
Make a healthy school environment (PK-12) the norm and not the exception across the US
Make physical activity a part of the every day experience for all children and youth.
Make healthy foods and beverages the affordable, available, and desired choice in all neighborhoods and communities
Eliminate the consumption of sugar-sweetened beverages among 0-5 year olds
Four-Pronged Approach

- Evidence
- Advocacy
- Demand
- Action
Focus on Young Children and Pregnant Women
Inequalities in child development begin prenatally and in first years of life.

Lack of action has long-term consequences for:

- individuals throughout their lifetimes
- the next generation of children
- the well-being of society as a whole
Human Brain Development

[Diagram showing various stages of human brain development, including cell migration, synaptogenesis, and experience-dependent synapse formation.]
Pregnancy is a Window to Future Health

- More than one half of pregnant women are overweight or obese.$^1$
- High pregnancy weight gain is associated with increased weight gain in offspring during childhood.

Sources:
2. Ludwig, Rouse and Currie, PLOS Medicine, October 2013, "Pregnancy Weight Gain and Childhood Body Weight: A Within Family Comparison"
Overweight in Early Childhood is Strong Predictor of Obesity Later in Life

- In 2011-2012, 8.1% of infants and toddlers had high weight for recumbent length.¹
- Greater likelihood of cardiovascular disease, type-2 diabetes, liver disease, and other health ailments.

Source
1. JAMA February 26, 2014 Volume 311, Number 8 “Prevalence of Childhood and Adult Obesity in the United States, 2011-2012.”
Infant and Young Child Feeding Practices

Almost half (43%) of 9- to 12-month-olds consume some type of dessert, sweets, or sweetened beverage, and this percentage increases as age increases.¹

By 12-15 months, French fries are the most common vegetable consumed with 18.5% of children eating French fries at least once a day.¹

By 19 to 24 months, 62% of toddlers consumed a baked dessert, 20% consumed candy, and 44% consumed a sweetened beverage.¹

Infant and Young Child Physical Activity and Screen Time Practices

“Establishing the habit of physical activity early in infancy is logical, especially considering the well-documented lack of physical activity in children under 5.” AAP

61% of children younger than 2 are exposed to television and spend approximately 1 hour and 20 minutes a day watching television.

The Challenges

The vast majority of efforts have focused on school-aged children

Lack of alignment among stakeholders

Little public awareness
Sample Policy Opportunities

Universal paid parental leave

Revisit IOM weight gain guidelines

Universal Home Vi

Baby friendly clinic certification

Integrate healthy weight competencies into early education and child care provider training.

Reiterate and elevate existing recommendations for physical activity during pregnancy.

BREASTFEEDING ROCKS!
The Time Is …

“Strategies for giving children a healthy start will help ensure future generations of healthy adults. This is indeed a wise long-term investment of scarce resources.”

RWJF Commission to Build a Healthier America
Race to the Top Early Learning Challenge (RTT-ELC) Overview

Building Healthy, Equitable Communities

Vincent J. Costanza, Ed.D.
Executive Director
Race to the Top-Early Learning Challenge & Director, Office of Primary Education
New Jersey Department of Education
A Blueprint for Success

- RTT-ELC provides a **blueprint** for state and local entities on addressing the **comprehensive** needs of **children** and their **families** in an intentional manner.

- Extensive training and supports that focus on **infant and young child mental health and social-emotional development**.
Grant Snapshot

NJ received $44.3 million
Jan. 1, 2014 through Dec. 31, 2017
Pregnancy to age Eight
The Partners

- Department of Education
- Department of Human Services
- Department of Children and Families
- Department of Health
- Office of Information Technology
- The Inter Department Planning Group
- The Early Learning Commission
- The NJ Council for Young Children
- Head Start Collaboration Office
- Stakeholder Groups

Building Healthy, Equitable Communities
11/30/2015
Building Quality

• Grow NJ Kids, our Quality Rating Improvement System
  • “Consumer Reports” of home, center and school-based care and education programs for birth to five.

• Training Academy
  • A regional resource for all early childhood programs in the state designed to make professional development accessible and affordable.
Supporting Families

- Central intake hubs to six additional counties
  - One stop shop for connecting families to services

- Establish county-level Councils for Young Children
  - Parent-led in all 21 counties
Projects and Engineering School Success

- Preschool-3rd Grade Initiative
  - Best practice guidelines for 1st thru 3rd grade

- New Jersey Kindergarten Entry Assessment (NJKEA)
  - Voluntary & Funded with a focus on teaching practices

- Articulate and Align Standards
  - Birth to age three
  - Preschool
  - K-3
We shouldn’t wait to take a closer look!
New Jersey’s Quality Rating and Improvement System (QRIS)
New Landscape of Early Learning and Development Programs

- Significant federal investment in early learning and development programs.
- More than $1 billion in Race to the Top - Early Learning Challenge projects in 20 states.
- In addition, $500 million in federal funds for Early Head Start and Child Care Partnerships.
- New rules to raise quality across all federally funded programs.
Quality Rating Improvement System

**QUALITY:** Evidence-based quality efforts, activities, and support designed to help programs continuously advance from good, to better, then BEST!

**RATING:** Easy to understand visual symbol that indicates high quality programs

**IMPROVEMENT:** Activities, efforts, supports, resources, and assessments working together to yield positive child outcomes

**SYSTEM:** Process and framework of interrelated parts working together to support healthy development and school readiness
Grow NJ Kids – Core Elements

- Marketing to Families
- Technical Assistance
- Incentives
- Professional Development
- System of Support
- Standards for each category
Self-Assessment

Categories

- Safe, Healthy Learning Environment
- Curriculum and Learning Environment
- Family and Community Engagement
- Workforce/Professional Development
- Administration and Management
Helping NJ’s youngest kids thrive.

Raising the quality of child care and early learning in New Jersey
Ayudamos a prosperar a los niños más pequeños de NJ.

Elevamos la calidad del cuidado infantil y del aprendizaje temprano en New Jersey
It’s so much more than a walk in the park

Grow NJ Kids is working to raise the quality of child care and early learning across the state of New Jersey.

For parents, it provides information to help them make the most of their kids’ early learning opportunities, including tips on selecting quality child care and early learning programs.

Research shows that children who are in quality early learning programs when they are young are better prepared for kindergarten with better reading skills, more math skills and larger vocabularies.

Visit GrowNJKids.com for parenting resources.

NJ Departments of Children & Families, Education, Health, and Human Services.
Contact information:

Andrea Breitwieser @andrea.breitwieser@dhs.state.nj.us
Department of Human Services/Division of Family Development
CCYC Overview

New Jersey has established in all 21 counties - County Councils for Young Children (CCYC) to strengthen collaboration between parents, families, and local community stakeholders with health, early care and education, family support, and other service providers.
This shared leadership philosophy includes parents as active partners with service providers and community leaders helping to identify the needs, aspirations and successes of our collective efforts to positively impact the health, education and well-being of children from pregnancy/birth to age 8.
CCYC Overview Cont.

CCYC participants work together using the Strengthening Families Protective Factors Framework to develop mutual goals and recommend creative strategies/solutions that respect the views and priorities of diverse families in the community.
CCYC Overview Cont.

Each CCYC has a local lead agency and designated project coordinator who guides and supports the planning process, committee and workgroup structure, and implementation to address priorities and advocacy efforts.
CCYC Overview Cont.

The CCYC works closely with the local Central Intake to provide input/feedback about the availability, responsiveness and effectiveness of the service array within the community; and makes recommendations to strengthen local program coordination and integration.
Target Population

• **Target Population:** Interested parents of children ages birth to 8, community residents and community stakeholders.

• **Level of Service:** Varies from county to county. Each type of meeting can have 25 to 50 participants per county site. Each CCYC will establish local, general and steering committees. The work of the CCYCs will be established through these committees.
Parent Leadership Training

DCF issued a RFP to award a contract to implement Parent Leadership Development Training to support the CCYCs in the development of local parent leaders.

On October 29, 2015, DCF awarded the grant to the Statewide Parent Advocacy Network (SPAN) to provide support to the members of the CCYCs statewide.
How County Councils for Young Children Gets to Outcomes

• Implemented in: All 21 counties

• Services Offered: Year round

• Collaborations & Partnerships: Departments of Children and Families, Education, Health, Human Services and New Jersey Council for Young Children, lead community agencies, Central Intake.

• Funding: Federal-Community-based Child Abuse Prevention Program (CBCAP) funds and Federal-Race to the Top – Early Learning Challenge Grant.
County Councils for Young Children Activities

• Recruitment & training of member
• Election of co-chairs
• Develop governance
• Identifying issues and concerns
County Councils for Young Children Activities Cont.

- Resolving identified issues
- Host community activities/events
- Achieve goals
- Develop and inform policies
Impact Outcomes

• Parents/residents and community stakeholders are implementing shared-leadership practices.
• CCYCs are actively identifying and addressing issues that the members identified.
• 40% to 51% of CCYC members are local parents/residents of the community.
Impact Outcomes Cont.

• CCYC members will improve collaboration with families and community providers.
• Parents/caregivers will be active participants and engaged with the systems that provide services to their children and family members.
• Create responsive communities that support families with young children.
Department of Children & Families
Division of Family & Community Partnerships
Office of Early Childhood Services

County Councils for Young Children Staff

• Sharon Budka: Project Director
  Sharon.Budka@dcf.state.nj.us 609-888-7385
• Kate DiMemmo: Regional Early Childhood Specialist
  Kate.Dimemmo@dcf.state.nj.us 609-888-7619
• Deborah Johnson: Regional Early Childhood Specialist
  Deborah.Johnson3@dcf.state.nj.us 609-888-7662
• Brenda Tift: Regional Early Childhood Specialist
  Brenda.Tift@dcf.state.nj.us 609-888-7660
Questions
The Role of Central Intake and Community Health Workers

Making a Difference...
Partnering with Families Before, During and After Pregnancy, Infancy and Early Childhood

Anna M. Preiss, Research Scientist, Reproductive & Perinatal Health Services, NJ Department of Health

Improving Pregnancy Outcomes Initiative
To improve maternal and infant health outcomes for high-need women of childbearing age and their families, while reducing racial, ethnic and economic disparities in those outcomes through a collaborative coordinated community driven approach.
IPO Goals

✧ Strengthen care coordination and systems integration across sectors
✧ Provide easy access to support parents/families/other caregivers and providers across system sectors
✧ Document community service needs
✧ Improve health and pregnancy outcomes through community outreach, education and referral
Collaboration between State Departments
Consumer-Driven Community Advisory Boards
County-based
Targets highest risk communities and families
Incorporates Life Course Perspective
Multi-pronged approach
- Preconception
- Prenatal
- Inter-conception
- Family
What is Central Intake?

- CI provides one single point of entry for access, assessment and referral to needed services utilizing an established decision tree
- CI is a county-based client/family screening, assessment, referral, and tracking hub
- Standardized screening for women and families
  - SPECT – Single Point of Entry and Client Tracking System
  - Perinatal Risk Assessment (PRA) – clinical
  - Community health screen for women, men and children
  - Referral tracking to services thru SPECT
  - Ongoing community needs assessment
Central Intake
- Initially 7 counties funded through NJ DCF
- 8 counties added with NJDOH funding (SFY 2014)
- Expansion of scope: CI to expand from 15 to 21 counties with NJDOE RTT-ELC funds and additional DOH funding.
- The 6 additional counties (July 2015) are Bergen, Cape May, Hunterdon, Morris, Sussex and Warren County

Community Health Workers
- CHWs in 13 counties (SFY 2014)
What is the role of the Community Health Worker?

- Outreach for case finding and recruitment with the targeted community
- CHWs will partner with Central Intake by referring clients to them through the SPECT System
- Perform case management upon referral from Central Intake
- Group activities/workshops, and community based supportive services
Standardized Screening and Tracking

Perinatal Risk Assessment (PRA)
- Standardized tool developed by FHI for pregnant women
- Developed in collaboration with Medicaid MCOs
- In use for > 10 years
- PRA completed for 30,096 women in 2014

Community Health Screen
- Standardized screening tool to determine client needs
- Used by CHW and CI and sent to CI
- PRA is embedded for pregnant women

SPECT-Single Point of Entry & Client Tracking System
- Referral Tracking
### PERINATAL RISK ASSESSMENT

**Patient Information**

- **Date of Birth:**
- **Race/Ethnicity:**
- **Gender:**
- **Address:**
- **Postal Code:**
- **Marital Status:**

**Family Information**

- **Father's Name:**
- **Mother's Name:**
- **Father's Birth Date:**
- **Mother's Birth Date:**

**Provider Information**

- **Provider Name:**
- **Provider Phone #:**
- **Provider Zip Code:**

**Medical History**

- **Complications of Current Pregnancy:**
- **Complications of Previous Pregnancy:**
- **Complications of Previous Neonatal Period:**

**Pregnancy Risk Factors**

- **Previous Cesarean Section:**
- **Low Birth Weight:**
- **History of PROM:**
- **Hypertension:**
- **Gestational Diabetes:**
- **Preeclampsia:**
- **Placenta Previa:**
- **Cervical Incompetence:**
- **Ectopic Pregnancy:**

**Blood Type/Allergy**

- **O/R/A Blood Type:**
- **Allergy:**

**Medication History**

- **Current Medications:**
- **Previous Medications:**

**Social History**

- **Surgical History:**
- **Drug History:**

**Economic Status**

- **Employment Status:**
- **Income:**

**Disability Status**

- **Disability:**
- **Medicaid:**

**Other**

- **Diabetes Status:**
- **Obstetric Risk:**

**Twin Status**

- **Number of Twins:**

**Comments**

- **Additional Information:**

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**DO NOT PHOTOCOPY BLANK FORMS**

[Signature]

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**REMARKS: 04/09**

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**NJ Health**

**New Jersey Department of Health**

**New Jersey Department of Children and Families**

**State of New Jersey Department of Education**
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<td>Tobacco Exposure</td>
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<td>Did you have sex with anyone else?</td>
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Completed Referrals 2014-2015

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<td>Union</td>
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Improving Pregnancy Outcomes Initiative

Community Health Worker (CHW)
- Community Outreach
- Identifies women & families needing services
- Completes the 1-page form and 2-page form
- Refers to Central Intake (CI) via SPECT
- Clients in CHW Case Management are referred back to CHW by CI

Central Intake (CI)
CI staff reviews, refers & links parent/family to an appropriate partner agency for voluntary follow-up for an initial assessment, prevention education, and/or other needed services. Children are linked to a medical home and developmental screening.

Prenatal & Early Childhood Community-Based Services
- Home Visiting - Evidence-based models
- Early Head Start and Head Start Programs
- Pregnant/Parenting Teen Services – Parent Linking Program / Project TEACH
- CCR&R - Infant & Child Care Providers
- State-Funded Preschool - Family Outreach
- Early Intervention - Part C - Birth to Age 3
- Special Education - Part B - Age 3 and up
- Special Child Health Services – Birth to 21 yrs.
- Other Local Programs (vary by county): e.g. High-Risk Infants, Family Success Centers, Public Health Nurses, Doulas, Centering Pregnancy, Healthy Start etc.

Community-Based Agencies

Agenda for Local Collaboration
- Develop interagency agreements for referral and data sharing
- Establish a referral flow chart with community partners
- Provide cross-training & shared in-service
- Use SPECT system for tracking & analysis
- Identify gaps in resources & referral network
- Coordinate Consumer-Driven Community Advisory Board
Partnersing with Improving Pregnancy Outcomes

- Coordinate with Central Intake to send and receive referrals for/from Parent Linking Program (PLP).
  - CHW’s refer to CI to assist families with links to services in addition to addressing immediate needs.

- Participate in their local community advisory meetings.
  - Explore barriers and gaps to services. Develop strategies for seamless coordination of local services.
  - Encourage parent participation in Community Advisory Meetings.
Many hands make light work

John Heywood
Thank You!!!

Presenters Contact Information

☞ Anna M. Preiss, Research Scientist, Reproductive & Perinatal & Health Services

anna.preiss@doh.state.nj.us
Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102-01) to support states/localities in launching early care and education learning collaboratives focused on childhood obesity prevention. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
The State Partnership for Nutrition, Physical Activity and Obesity Prevention

**Shaping NJ**

*ShapingNJ* is a public-private partnership of more than 235 organizations across New Jersey working to “make the healthy choice, the easy choice” for all residents. The 10-year vision is a New Jersey where regular physical activity, good nutrition, and healthy weight are part of everyone’s life.

- Workplace
- Communities
- Schools
- Child Care
- Health Care
Spectrum of Opportunity for Obesity Prevention in Early Care and Education
### Licensing & Administrative Regulations

- **New child care requirements pertaining to nutrition & related topics effective September 1, 2013.**

<table>
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<th>Child Care Center</th>
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<td>NA4 Whole milk 1-2 y/o</td>
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<td>NG2 Avoid sugary foods</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>NH1 Food no force/bribe</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>NH2 Food no reward/punish</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

| Average Rating Per CC Type | 2.18 | 2.18 | 2.09 | 2.82 | 2.82 | 2.09 |

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Child Care Center</th>
<th>Large Family Child Care Home</th>
<th>Small Family Child Care Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA1 Space for active play</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>PA2 Training on activities</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PA3 Write activity policies</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PA4 Play with children</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PA5 Don't withhold play</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>PB1 No screen time &lt;2 yr</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>PB2 Screen time 30 min/wk</td>
<td>2</td>
<td>2</td>
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<tr>
<td>PB3 Screen time purpose</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PB4 No TV w/meals</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PC1 Outdoor play occasions</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>PC2 Toddler play time</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>PC3 Preschool play time</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>PD1 Structured play</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PE1 Tummy time often</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PE2 Limit time infant equip.</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

| Average Rating Per CC Type | 2.40 | 2.40 | 2.47 | 2.80 | 2.80 | 2.47 |

| Grand Average per CC Type | 2.38 | 2.38 | 2.30 | 3.02 | 3.02 | 2.30 |

**What Ratings Mean**

1. Regulation contradicts the standard
2. Regulation does not mention the content of standard
3. Regulation partially meets standard
4. Regulation fully meets standard
Child and Adult Care Food Programs (CACFP)

- Licensing requirements for Child Care centers require foods served to children (provided by the provider) meet CACFP standards.

- *Grow NJ Kids* Standards require ALL food served to children (provided by the provider and/or the parent) meet CACFP standards.
Quality Rating & Improvement System
Grow NJ Kids

- February, 2015 Trained Quality Improvement Specialists (QIS).
- December, 2015 Training Technical Assistance Specialists (TAS).
Funding and Finance

Leveraged funding from Nemours and State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305).

- Early Care and Education Learning Collaborative (ECELC)
  - Enhanced Technical Assistance
Pre-Service and Professional Development

Developed training modules for nutrition and physical activity for child care staff. Delivered through NJ Early Learning Training Academy (NJ-ELTA) and the local Child Care Resource & Referral Agencies (CCRRs)
Facility Level Intervention

- 150 ECE programs through the ECELC
- 80 ECE programs through Enhanced Technical Assistance
Technical Assistance (TA)

Early Care and Education Learning Collaborative (2013-2015)

Grow NJ Kids (2015-2016)

- TA to the Technical Assistance Specialists (TAS) with funding through the Nemours Foundation.
- Enhanced TA with funding from Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305).
Access to Healthy Environments

Physical Activity
Healthy Beverages/Access to Water
Nutrition
Breastfeeding
Screen Time Reduction
Early Learning Standards

NJ Birth to Three Early Learning Standards

- Domain V: Physical and Motor Development
  - Gross Motor
  - Fine Motor
  - Physical Health and Well-Being
Family Engagement

Center Level
- Provided parent training on nutrition, physical activity, screen time reduction.

Local Level
- Continue to work with the local County Councils for Young Children.
Emerging Opportunities

- Licensed Child Care requirements expiring August 6, 2016
- Registered Family Child Care requirements expiring August 25, 2016
- Child Care Development Block Grant Reauthorization
- Exploring initiative for Breastfeeding Friendly Child Care Award.
- Exploring initiative for Farm to Preschool.
Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102-01) to support states/localities in launching early care and education learning collaboratives focused on childhood obesity prevention. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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