

Session #: D-1

Title: Strategies to prevent childhood obesity and promote healthy development in child care.

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#### SUMMARY OF PRESENTATION

##### **Presentation #1:**

- Rapid increase in last 20 years in obesity in adults.
- Childhood obesity rates have paralleled adult rates
- What has caused problem?
  - o Energy imbalance: energy intake exceeds expenditure
  - o Genetics v. environment? Changes largely attributed to environment.
    - Environmental changes: Intake, Expenditure, etc.
    - Changes in nutrition – increased availability of foods and variety of choices; cheap food has higher energy density; Fast food consumption; Bigger portion sizes; Soft drinks/sweetened beverages
    - Technology: television, computers, video games
    - Changes in neighborhood design
    - Concerns about safety
- Benefits of exercise and healthy eating
- Dietary and exercise patterns established early
- Nutrition guidelines for preschoolers
- Less consensus on physical activity guidelines for preschoolers
- Policies for child care settings
  - o Nutrition: Incongruence of CACFP with 2005 USDA guidelines
  - o PA: Licensing guidelines vary widely among states
- Variability among centers
  - o Menu studies: food served exceeds national recommendations for fat, and % of sat. fat; not enough fresh fruits and vegetables
  - o The amount of physical activity in childcare centers varies widely
- Dire need for more research that can inform practice as little or no data on whether guidelines help improve obesity rates
  - o In Cincinnati, focus groups showed that child care providers find energy release, improved mood, improved concentration after physical activity

- Providers identified barriers: getting dirty, injuries, not wanting to go outside, staff overweight/lazy; direct parent requests not to take child outside
- Need for ECE profession input

### **Presentation #2**

- Nutrition and Physical Activity in Child Care (NAP SACC) Program
- Purpose: To promote healthy eating for children in child care in preschool and child care settings
- NAP SACC Steps
  1. Self assessment: Center director completes self-assessment instrument with help from staff; Done with consultant help
    - a. Assessment of nutrition and physical activity
  2. Action planning
    - a. Work on 3 of 15 areas: 1 nutrition, 1 physical activity, 1 other key area
  3. Workshop delivery
    - a. NAP SACC supplies 5 workshops to center staff which are approved for CEUs
  4. Targeted Technical Assistance
    - a. Regular follow-up with center to see how they are doing – most important step in the process
  5. Evaluate, Revise, and Repeat
    - a. After 6 months or earlier, Directors complete self-assessment again
- NAP SACC Tool Kit: All materials available through the website
- NAP SACC Evaluation
  - 96 child care settings
  - Random assignment into intervention and comparison groups
    - Web model worked just as well as in person training
  - EPAO: Environmental and Policy Assessment and Observation Observational Measure
    - Based on NAP SACC Standards
- Evaluation Outcomes
- Overall results
  - Intervention centers increased on nutrition and physical activity (more robust changes in nutrition.
  - Action plans: 16 centers targeted changes in milk (from whole to reduced fat or skim); 11 centers targeted fruit/vegetables improvements; 14 centers wanted to increase structured physical activity, 10 centers targeted parent nutrition and 12 physical activity education
  - Centers were not able to implement parent education and training
- National Dissemination Efforts
  - NAP SACC selected as an “effective practice-based intervention”
  - Received funds for dissemination

### **Presentation #3**

- I am moving, I am learning program: Head Start “I am Moving, I am Learning

- Obesity Prevention Program and Implementation Program”
- Why obesity prevention in Head Start
    - o Efforts to prevent obesity should begin early in life
    - o Prevalence of obesity has increased among preschoolers
    - o More obesity in ethnic minority groups
  - It is possible that approximately 15 – 20 % of children in HS are obese
  - Creation of IM/IL
    - o Fits within the HS Performance Standards and HS Child Outcomes Framework
    - o Created by Nancy Elmore, Amy Requa, and Linda Carson
  - What is IM/IL?
    - o Reinforces importance of mind-body connection
    - o Provides strategies and resources for infusing quality physical movement and healthy nutrition choices
    - o Every aspect is modifiable – made to fit individual centers needs
    - o Goal 1: Increase time spent in moderate to vigorous physical activity
    - o Goal 2: Improve the quality of structured movement experiences intentionally facilitated by teachers and adults
    - o Goal 3: Improve healthy nutrition choices for children every day
  - IM/IL Training
    - o Train the trainer model
    - o Interactive – learning by doing
    - o Workshop content: Body language – A movement vocabulary for young children, Moving with the brain in mind, MVPA everyday, Nutrition building blocks, Program planning tools
    - o Character role model - Choosy
  - IM/IL HS Grantees
    - o 17 pilot programs, National Expansion scheduled
  - Implementation Evaluation
    - o 52 HS Programs
    - o Research Questions:
      - What is theory of change employed by HS programs?
      - How do programs translate the train-the-trainer model into the implementation of IM/IL?
      - What are requirements for sustainability?
      - What are challenges and supports?
      - What determinants are associated with program implementation and enhancement?
      - What outcomes and goals might be assessed?
    - o 3 stages of data collection
    - o 1. Surveys mailed to HS programs
    - o 2. Telephone interviews with senior managers responsible for IM/IL implementation and 2 teachers
      - Purposeful sample of 30 programs (high and low implementers)
    - o 3. Next stage is to begin in Fall 2007: Site visits to 16 programs
  - Unable to report on results of stage 1, but can say that a majority of programs are

implementing IM/IL

#### SUMMARY OF DISCUSSION

- Recent study on linkage between obesity and social networks. How can child care settings be used as an advantage?
  - o Child care settings can be thought of as an extended family. Shared networks between child care and home should be created. Child care setting is wonderful place for staff to promote ideas. Need to give support to child care providers.
  - o Important to get buy in from all parties (e.g., staff, parents, children, etc.).

#### KEY POINTS

- Obesity is a problem and largely attributed to environmental causes
- Child care settings offer a potential solution
- Need for solution oriented research, better evidence to guide recommendations
- Why is information on childhood obesity not sinking in?
- Many school system concerns
  - o E.g., vending machines are money makers for schools
- Need more partnerships
  - o Need to get non-traditional partners involved
  - o E.g. partnership between HS and child care centers
- Educate providers as well as parents (e.g. through videos)
- Programs can be customized to fit needs
- Change 1 thing at a time, and build layer upon layer
  - o Small changes can make a big difference
- Programs do not have to be mutually exclusive; Can combine aspects of various programs