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.
Summary of the Model

- Developed and tested by Nemours in Delaware.
- 1 year peer learning experience, 5 in-person learning sessions with on-site and remote technical assistance in-between.
- Participating programs utilize an Action Plan process to build center buy in, set goals and make improvements. Change management process for staff.
- Participating programs receive incentives (cash, gift cards), resources (i.e. Meals without Squeals, activity kits) and credits (licensing, professional development, CEUs)
- A collaborative is comprised of leadership teams from 20-30 ECE programs. A leadership team is 2-3 center staff – Center Director, Teacher, cook, parent. Each collaborative has 2 assigned trainers/technical assistant providers.
- Aligned with national best practice guidelines from:
  - *Lets Move! Child Care* (LMCC)
  - Preventing Childhood Obesity in Early Care and Education Programs (2nd Edition)
  - Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) tool
- Robust evaluation via Gretchen Swanson Center for Nutrition
**Learning Sessions**

Why Should We Change?
LMCC Quiz, Go NAP SACC*

How Can We Continue to Make Healthy Changes?
Long-Term Action Plan & Storyboard

Celebrating Success: Our Plans in Action!
Continue Long-Term Action Plan

What is Our Role in Making Healthy Changes?
Pilot Action Plan
Pilot Storyboard

How Can We Engage Families as Partners?
Continue Long-Term Action Plan (Emphasis on Parent Engagement)

*Go NAP SACC is a Nutrition and Physical Activity Self Assessment for Child Care for ECE settings comparing their current practices with a set of best practices*
State Activity
Status to Date

- Cohort 1 complete and evaluation final. Cohort 2 complete, evaluation ongoing. Cohort 3 recruiting now.
- 9 organizations (3 state health departments, 1 local service provider, 5 child care resource & referral agencies, 1 children’s foundation) and Nemours funded to implement the collaboratives.
- Arizona, North Florida (Orlando, Jacksonville), South Florida (Miami/Dade) Indiana, Kansas, Missouri, New Jersey.
- 1,295 ECE programs (Head Start, preK, child care) enrolled serving over 156,128 children birth – five.
- 65% of programs prepare meals on-site, 23% use catering, 6% use a combination and 5% have parents bring food from home.
- 2 out of 5 programs are participating in a QRIS; 2 out of 3 are enrolled in CACFP.
- 5% serve infants, 18% serve infants AND toddlers, 62% serve infants, toddlers and preschoolers.
- Average enrollment per site is 99 (large programs).
Cohort 1 Evaluation Findings

- At the first learning session when asked “As an early childhood leader, my greatest challenge at the moment is…”, most participants answered Staff (buy-in, commitment, changing their own behavior); Families (buy-in, commitment, changing their behavior) and Time.
- State organizations reported that personal contact and relationships with ECE providers was critical for engagement and participation. Providers need lots of coaxing.
- Across all states ~15% of providers dropped out after initially agreeing to participate. Reasons include: lack of time/resources, other initiatives.
- Child Nutrition was the most frequently selected NAP SACC area addressed during TA, with over 1,700 related interactions (51%).
- Across NAP SACC areas (i.e., Breastfeeding & Infant Feeding, Child Nutrition, etc.) in ECE programs were meeting best practices pre- and post increased from 46.1% at baseline to 59.2%. 
Current Areas of Exploration/Focus

- Family Child Care pilot on KS.
- Integration of HEPA into all areas of state ECE and child health work using CDC Spectrum of Opportunity.
- Sustaining practice level support in all states.
- How to intervene at home AND in ECE setting at the same time.
- Staff wellness.
- Increase time for peer learning/interaction and reduce time of presenting content.
- Evaluation of systems/policy change activities.
All project resources available under ECELC Resources on the left.

Administrative Resources (forms, tools, waivers, sample docs)

Technical Assistance (forms, guidance)

Additional Resources

Curriculum
  – Learning Sessions 1-5 power points
  – Webinars for trainers
  – Implementation guide for trainers
  – Participant handbooks
  – Learning videos (i.e. on Family Style Dining)
  – Go NAP SAC Tools
  – Program Newletters
Lessons Learned about Training Materials

For ECE program staff:

– Don’t overwhelm them with too much. Provide materials ‘right in time’. I.e. if you are making a TA visit and discussing family style dining, give them resources on that topic at that time.
– Very unlikely to pull down resources on their own from the internet. Prefer hard copy documents.
– Very unlike to share information across a center, make sure each teacher has their own set.

For trainers and technical assistance providers:

- They will naturally present information very differently depending on their background (health or ECE). Having meetings with all trainers together will help build consistency. They can practice presentations to each other and discuss approaches.
- Stress the importance of learning about center context and climate. Change cannot happen unless the staff drive it.
Success Stories

Asbury Children’s Center
Prairie Village, Kansas

• Asked parents to send full water bottles each day and wash them at home each evening.
• The water bottles are visible in the classroom and are taken outside to the playground.
• For children who forget their water bottles, they have some extras labeled with the center initials. The cook washes them at the center so that they do not go home.
Redland Migrant Title I Preschool

Preschool Teacher, Melanie Lawton noticed that she faced a challenge at her center. “When the children play outside there is no water fountain and we have to send them inside one at a time to drink water.” On the playground, there was no shade available for the children to cool during their outside time. The program tried to figure out ways to keep the children cool, but also to provide them with the essential water they need as they engage in physical activity. Melanie and her team reached out to the parents for support. They asked each parent to send their child with a water bottle for them to use while outside. “The children loved being able to have their own water bottle. They were eager to drink their water, they even began to drink more water now than before.” As a way to keep children engaged, one child would be assigned to bring the water bottles out and back inside. This kept the children motivated and they began to take pride in drinking water. They began to acknowledge the importance of drinking water.
I’m learning too!
Thank You!
Project Resources On-Line

https://healthykidshealthyfuture.org/about-ecelec/

Julie Shuell, MPA
Project Director
Nemours National Office of Policy & Prevention
Washington DC
202-649-4420
Julie.shuell@nemours.org