


Learning Session 1: Why Should We Change?



Early Childhood Health Promotion
and Obesity Prevention


National Early Care and Education
Learning Collaboratives (ECEL)
Project

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.

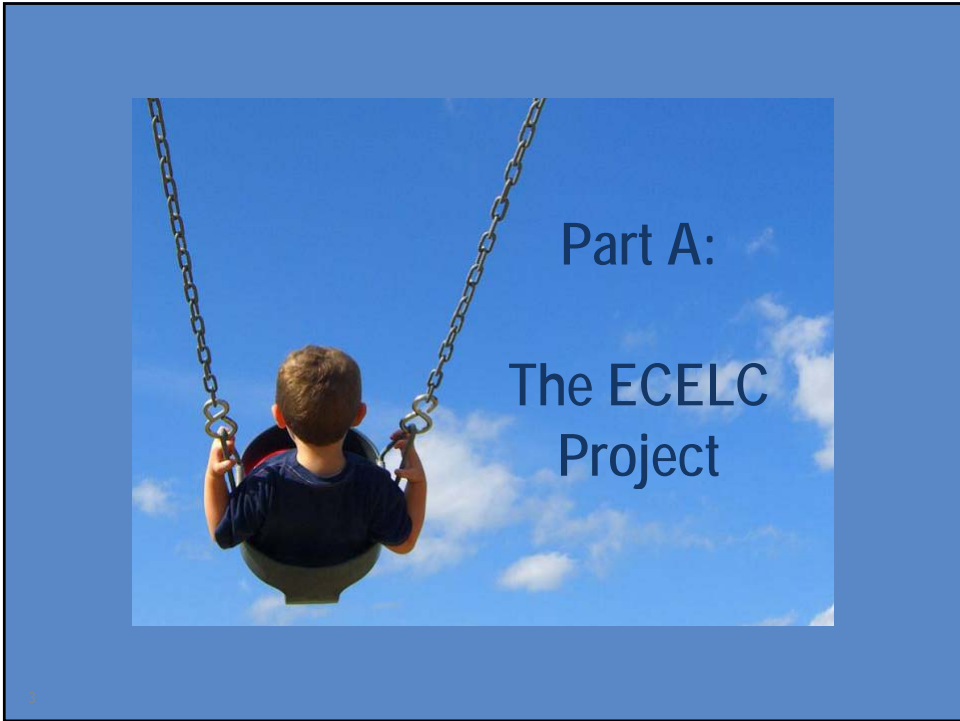
Acknowledgements

A special thank you to:

- **Centers for Disease Control and Prevention (CDC)**
 - For generous funding support and expertise
- **Nemours**
 - For their expertise, materials, support, and time spent on the project's implementation
- **Gretchen Swanson Center for Nutrition**
 - For the evaluation component of this national effort



2



Early Care and Education Learning Collaboratives (ECELC)

- **Community of learners for childhood obesity prevention**
 - Network of shared ideas and mutual support
 - Resources for healthy practice and policy changes
 - Research on best ways to implement best practices



Early Care and Education Learning Collaboratives (ECELC)

- **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)
- **Focus on quality ECE, and children's health as the foundation for life-long success**
- **Obesity prevention in the context of health promotion and wellness made possible by the *power* of ECE providers**

5

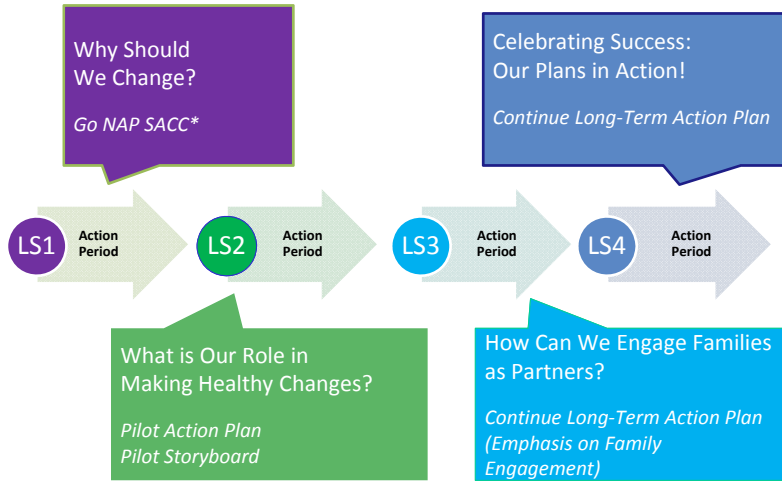
How are ECE Providers Powerful?

- Unique position to impact children and their families
- Influence on knowledge, attitudes and healthy habits
- Opportunities to create healthy environments
- Families look to providers as a resource
- We know you make a difference!



6

Learning Sessions



*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

7

U.S. First Lady Michelle Obama

First Lady Michelle Obama's welcome and thank you message!



8

Complete LMCC Registration and Quiz

Complete the registration/quiz:



Sign up and make the commitment to promote nutrition and physical activity in your early care and education program.

By signing up, you will:

- Get a Let's Move! Child Care Participant Certificate
- Receive emails on the latest updates, resources, and ideas for promoting children's health
- Be able to take the online, interactive Checklist Quiz to see which *Let's Move!* Child Care goals you are meeting and which goals you need to work towards. The Quiz will help you create an Action Plan to reach the goals.

Please Note: We will not share any of your personal information. You can request to stop receiving emails from *Let's Move!* Child Care at any time.

To sign up, please fill in the information below. Required fields are marked with asterisks (*).

First Name*

Last Name*

Name of program or organization*

9

Let's Move! Child Care Website



The website of the Let's Move! initiative for early care & education



- START EARLY
Let's Move! Child Care
- MAKE NUTRITION FUN
Healthy Eating
- GET KIDS MOVING
Physical Activities
- BE INSPIRED
Ideas and Resources
- STATE & LOCAL LEADERS
Strategies & Support

SEARCH SITE

- Sign Up & Help Kids Get a Healthy Start
- Strive for Five: Goals for a Healthier Future
- Learn From Others & Be a Success Story
- Take Online Training to Support Your Efforts
- Find Recognized Providers

Our Five Goals

1. Get Kids Moving
2. Reduce Screen Time
3. Make Nutrition Fun
4. Offer Healthier Beverages
5. Infant Feeding

www.healthykidshealthyfuture.org

10

Physical Activity Break



11

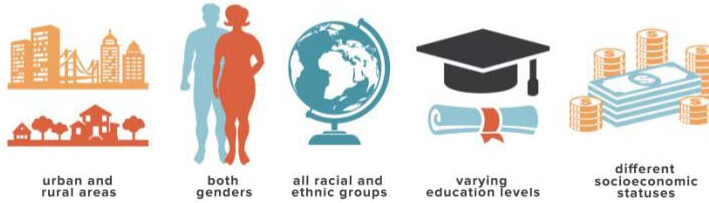


Part B:
Healthy
Development

12

The Obesity Epidemic's Impact

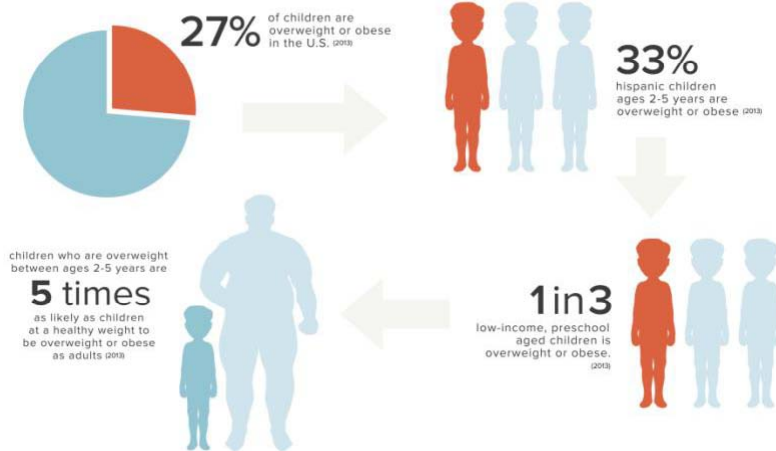
- Overweight and obesity increased rapidly in a short period of time among children, youth and adults in the U.S.



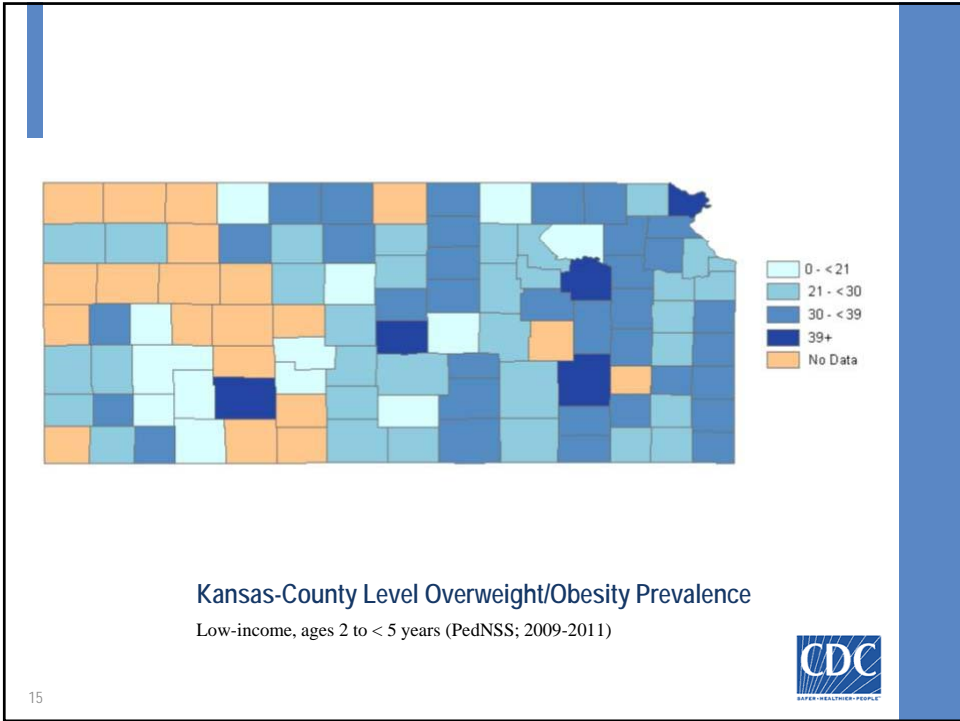
- The upcoming video will show how adult obesity rates changed in the U.S. since 1989

13

Video Module 1 Take Away Messages




14



Long-Term Impact of Obesity

- **Health problems in children formerly seen only in adults:**
 - Heart disease
 - High blood pressure (hypertension)
 - High cholesterol
 - Type 2 diabetes
 - Hip and joint problems
- **Serious long-term risks:**
 - Increased risk of developing co-morbid conditions
 - Negative impact on mental health
 - Shortened life expectancy



16

Discussion:

What Has Contributed to Childhood Obesity Over the Past Thirty Years?

17

Changes in Our Society and Environment

More Calories In

- Higher caloric foods
- Large portion sizes
- Consumption of soda & sweetened beverages
- More meals away from home
- Growth of food industry and advertising

Less Calories Out

- Less physical activity
- Lack of sidewalks
- Automobile travel
- Perception of safety
- Watching more TV
- More labor assisting devices



18

The New Social Norm?



19



Screen Time: What Do Children See?

20



Our Food Environment:
Sugar, Salt, and Fat

21



Drive-Through Makes It Easy

22



Food Marketing to Children

23

What is Healthy Development?

- **Healthy development is the capability of children, with appropriate support, to:**
 - Develop and realize their potential
 - Satisfy their needs
 - Interact successfully with their physical and social environments
- **Multidimensional and cross-domain**
- **Influenced by responsive relationships, safe and engaging environments to explore, good nutrition**
- **Foundation for success in learning and life**



24

Foundations of Healthy Development



25

Physical Activity Break



26



ABC's of a Healthy Me Handout

ABC's of a Healthy Me

A

Active play

- Every day, inside and out

B

Breastfeeding

- Support and access to a private space

C

Cut down on screen time

- None for children under age 2
- No more than 30 minutes a week for children ages 2 years and older

D

Drink milk and water

- Offer milk at meals and make water always available to quench thirst

E

Eat healthy foods

- Fruits, vegetables, whole grains, lean meats and protein, low-fat dairy



Funding for this publication was made possible by the Centers for Disease Control (CDC). Nemours is currently funded by the CDC under a five-year Cooperative Agreement (1U08DP004102) to support progress in launching ECE learning collaboratives focused on obesity prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services, Centers for Disease Control and Prevention, or the U.S. Government.



ABC's of a Healthy Me

Testing Your Knowledge



Active Play, Every Day

1. In terms of indoor and outdoor play, all are correct **except:**
 - a) Active play *outdoors* 2-3 times per week
 - b) Opportunities to practice age-appropriate motor and movement skills
 - c) Structured play is the only type of acceptable play
 - d) Engage in moderate to vigorous physical activity (MVPA)
2. Preschoolers should enjoy at least _____ minutes of active play per day.
3. Toddlers should enjoy at least ____ - ____ minutes of active play per day.
4. Infants should enjoy “tummy time” every day for ____ - ____ minute periods, with longer periods as enjoyed.

31

Benefits of Active Play

- Supports exploration, development and learning
- Helps manage weight and maintain a healthy body mass index (BMI)
- Builds and maintains healthy bones and muscles
- Increases strength, coordination and fitness
- Lowers risk of chronic disease
- Improves self-esteem
- Lowers stress



32

Breastfeeding Support

1. **American Academy of Pediatrics recommends:**
 - Exclusive breastfeeding for the first ___ months of life
 - Continued breastfeeding for ___ year(s) or longer
2. **ECE programs provide important support by providing:**
 - a) A private, quiet, comfortable place to breastfeed or pump
 - b) Encouragement
 - c) Information on breastfeeding
 - d) All of the above



33

Benefits of Breastfeeding

- **Reduces risk for chronic diseases**
- **Provides developmental benefits**
- **Encourages maternal-infant bonding**
- **Improves child and maternal health**
 - Child:
 - Reduced risk for diarrhea and respiratory tract infection
 - Mother:
 - Faster rate of returning to pre-pregnancy weight
 - Decreased risk of breast and ovarian cancer



34

Cut Down on Screen Time

1. Screen time includes all of the following, except:

- a) TV, DVDs, videos
- b) Computer time
- c) Smart phone, tablets
- d) Music and movement



2. No screen time for children under age ___ years

3. Limit or eliminate screen time for children ages 2 years and older

- No more than ___ minutes per week in ECE setting
- No more than ___ hours per day from all sources



35

Benefits of Cutting Down on Screen Time

- Increases time for physical activity
- Decreases exposure to food and beverage advertisements
- Decreases snacking and consumption of high caloric foods



36

Drink Water or Milk



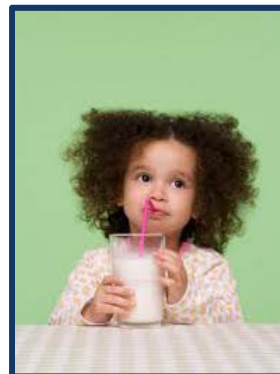
1. Which beverage should be visible and accessible for self-serve, inside and outside?
2. Choose milk for meals
 - _____ milk for ages 12-24 months
 - _____ or _____ milk for ages 2 years and older
3. Limit or eliminate fruit juice
 - ____ - ____ ounces per day (between home and ECE setting)
 - If offered, serve only _____ juice



37

Benefits of Drinking Water and Milk

- Do not contribute to childhood obesity
- Do not contain added sugars
- Do not contribute to dental cavities
- Milk provides calcium, protein, and vitamin A & D (if fortified)



38

Eat Healthy Foods

1. Serve _____ and/or _____ at every meal and snack
2. Serve fried/pre-fried foods only ___ time per month or _____
3. Make _____ of grains whole grains
4. Choose low-fat dairy (_____ or _____)
5. Choose _____ meats and protein
6. Providing meals “_____” is considered best practice



39

Benefits of Eating Healthy Foods

- Fruits and vegetables provide vitamins and minerals that are essential for a child’s growth
- Low-fat dairy contains calcium and protein to help build strong bones and muscles
- Whole grains, fruits, and vegetables contain fiber to help:
 - Increase fullness
 - Maintain a healthy weight
 - Decrease risk for developing chronic conditions
- Eating healthy foods at a young age helps children develop life-long healthy habits



40

Partnering with Families to Support Healthy Habits

- Teach parents to learn and follow the ABCs of a Healthy Me!
 - Spruce up your parent bulletin boards to include flyers on healthy habits
 - Ask parents to share how they prepare healthy foods at home
 - Send home weekly or monthly newsletters that include healthy recipes
 - Send home information regarding screen time
- Invite parents to participate in meal time on site

ABC's of a Healthy Me

41



You are the Key to Helping Kids Grow Up Healthy!

The healthy habits you model and teach will last a lifetime!



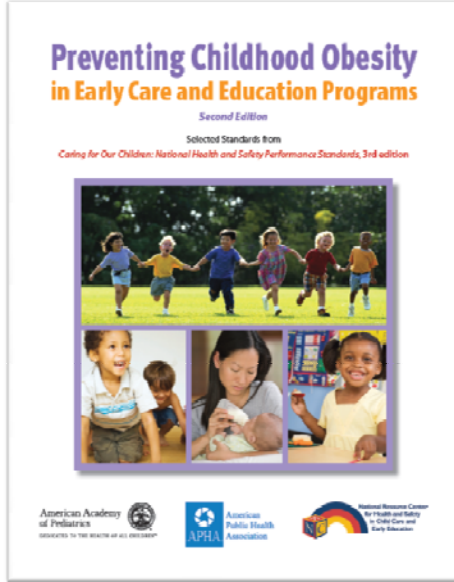
Have fun being active with your children!



Remember: We are here to help you and the program's families on your journey!

42

Preventing Childhood Obesity



43



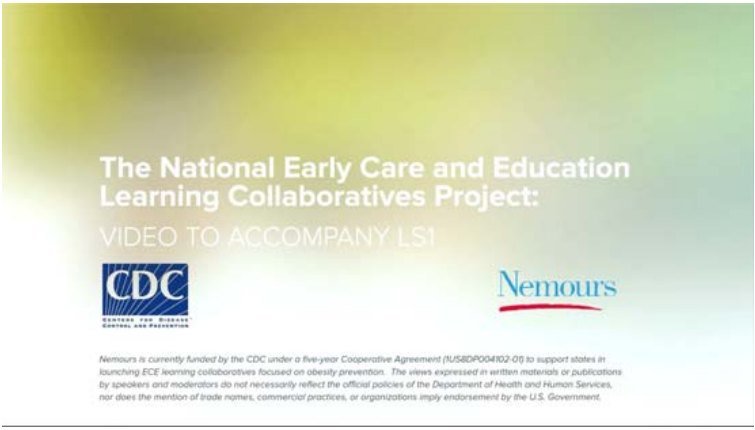
44





ABCs of a
Healthy Me
Idea
Exchange

45

Video Module 1



The National Early Care and Education
Learning Collaboratives Project:
VIDEO TO ACCOMPANY LS1

Nemours is currently funded by the CDC under a five-year Cooperative Agreement (1U58DP004102-01) to support states in launching ECE learning collaboratives focused on obesity prevention. The views expressed in written materials or publications 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.

46



Go *NAP SACC*



- Go *NAP SACC* is an evaluation tool used to:
 - Assess programs’ strength and areas of improvement in the areas of:
 - Child nutrition
 - Infant feeding & breastfeeding
 - Infant & child physical activity
 - Outdoor play & learning
 - Screen time
 - Guide programs to identify improvement areas they would like to focus on throughout the Collaborative
 - Create Pilot Action Plans (LS2) around the findings



Facilitating Change in Your Program: LS1 Action Period



- Opportunity to identify program strengths and areas for improvement
 - Program will complete action tasks related to making healthy change
- Trainers provide technical assistance (TA)

49



50

