CDC ECE team updates and the Quest to Create DNPAO's First Early Care and Education State Indicator Report (ECE SIR)

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> The findings and conclusions in this presentation are those of the author and not necessarily the CDC

DNPAO State Indicator Reports (SIR)

 SIRs are used to help state public health staff identify areas of strength and help guide state efforts related to a target behavior

Prior indicator reports

- Fruit and Vegetable (2009, 2013)
- Physical Activity (2010 and 2014)
- Child's Food Environment Report (2011)
- Breastfeeding Report Card (2007 to present)

Prior SIRs have used secondary data (BRFSS, YRBS NIS)

ECE SIR

The ECE SIR will describe state level obesity prevention efforts

The foundation for the ECE SIR will be DNPAO's Spectrum of Opportunities

 The ECE SIR will be a mix of primary and secondary data

How ECE SIR can be used

ECE SIR can be used by state and national partners

- Provide a snapshot of ECE obesity prevention activities as suggested by the CDC framework
- Highlight successful state efforts
- Illustrate how obesity prevention has been included in state ECE systems
- Guide state health department work in ECE setting

Survey and Respondents

- Approval obtained from OMB to field the survey
- Survey link was sent to
 - State 1305 ECE coordinators
 - State Directors of the Child and Adult Care Food Program
 - Survey focused on 7 key state-level obesity prevention areas
 - The selected areas have a broad reach and can improve the nutrition and physical activity environments of ECE facilities statewide benefiting large numbers of children
 - Approximately 19 questions to 1305 ECE respondents
 - 5-7 questions to state CACFP directors

CDC's Framework for Obesity Prevention in the ECE Setting The 'Spectrum of Opportunities'



www.cdc.gov/obesity/downloads/spectrum-of-opportunities-for-obesity-prevention-in-early-care-and-education-setting_tabriefing.pdf

Indicators

Example indicators

- # of High Impact Caring for Our Children (CFOC) obesity prevention standard components fully included in state licensing regulations
- If a state encourages nutrition standards that exceed current CACFP meal pattern requirements
- If a State CACFP program promotes and/or provides a specific ECE obesity prevention intervention, curriculum or program to all CACFP participants
- If a State CACFP program offers training for CACFP participants in obesity prevention

- Estimated CACFP participation rate (% in centers/homes)
- If a State QRIS system includes standards related to obesity prevention
- If a State promotes and/or provides a specific ECE obesity prevention intervention, curriculum or program
- State support for farm to preschool (F2PS) programing
- Availability of Nutrition, PA or obesity prevention online trainings for ECE providers professional development

Indicators (cont)

Process indicators

- If the State has a recognition or designation program for child care centers (e.g. "healthy child care center" or "breastfeeding friendly")
- State has a regularly meeting group that addresses obesity prevention in ECE that includes state agency staff
- How long state been working on ECE obesity prevention

PRELIMINARY Results

- In the field for 3 weeks from Oct 29-Nov 16
- Response rate exceeded expectations!!!
 - 48/51 CACFP directors
 - 50/51 State 1305 ECE coordinators
- Data will be analyzed and input from stakeholders about best way to convey data will occur
- Report anticipated in early 2016

Stay tuned and special thanks to all those who filled out the survey and helped achieve such a high response rate!

On another note

- DNPAO highly interested in setting up a state based ECE policies and practices surveillance system
- ECE surveillance for obesity prevention can:
 - Help document efforts and impacts
 - Be used as an intervention and drive more action
 - Be modeled after existing institutional surveillance systems (mPINC or SHHPS/Profiles)

Big Picture Vision

- National, state and local efforts have recently begun to focus on ECE obesity prevention
- A state based surveillance system of policies and practices of ECEs can
 - Provide state representative data to examine the extent of ECE facilities meeting obesity prevention standards and best practices and track change over time
 - Provide data to guide planning, implementation and evaluation of obesity prevention in ECE facilities
 - Support health related policy work and garner support for obesity prevention in ECE

State Based Surveillance Plans

Over the last year we worked with a contractor to

- Set up an advisory committee with experts from the field and state health departments
- Developed a draft plan for sampling and logistical support of the survey
- Discussed feasibility and implantation facilitators and barriers
- Drafted potential questions for a director and teacher level survey (self reported survey)

Next steps

- Discuss potential plans with state health department staff to make sure to get state input
- Seek funding for the system
- Determine feasibility of a pilot in a few select states

2014 State Licensing Data is AVAILABLE

 Annual review of every state's licensing to determine how well meets Caring for our Children Standards

47 Standards by Indicator (Infant Feeding, Nutrition, Physical Activity, Screen Time)*2014								
						Standard M	-	Regulat Contradicts
		-		Regulations Partial Consistent		Regulations (for at least one		(for at least o
				(for at least one facility type)		facility type)		type
	CFOC Obesity Prevention Standard Description	SOS States**	Overall***	SOS States**	Overall***	SOS States**	Overall***	SOS States**
	Infant Feeding							
IA1	Encourage/support BF by onsite arrangements for moms to BF	3	7	5	17	8	27	0
IA2	Serve milk or formula to at least 12 mo	7	23	1	6	7	20	1
IB1	Feed infants on cue	9	31	1	4	6	15	0
IB2	Do not feed infants beyond satiety/allow infant to stop the feeding	1	3	7	22	8	26	0
IB3	Hold infants while bottle feeding	4	8	10	31	2	12	0
IC1	Develop plan for introducing age appropriate solid foods in consultation with parent	0	0	10	34	6	17	0
IC2	Introduce age-appropriate solid foods no sooner than 4 months, preferably at 6 months	0	2	9	26	7	22	0
IC3	Introduce BF infants gradually to iron-fortified foods no sooner than 4 months, preferable at 6 months	0	0	9	28	7	23	0
ID1	Do not feed an infant formula mixed with cereal, juice or other foods	0	2	0	1	16	48	0
ID2	Serve whole fruits, mashed or pureed, for infants 7 mo up to 1 year	0	0	0	1	6	17	10
ID3	Serve no fruit juice to children younger than 12 months	1	1	1	2	5	16	9
	Nutrition							
1						1		

Summary of Degree to which State Regulations Meet Caring for Our Children Obesity Prevention Standards

Other projects

 Extensive review by CDC staff of all state's QRIS systems to determine how obesity prevention has been incorporated

How many states have incorporated obesity prevention standards into QRIS?

	# of States with standards	# of States with standards aligning with CFOC**
Infant Feeding	5	5
Nutrition	18	8
Physical Activity and Screen Time	21	14
Assessment Tools	6	n/a
Pre-Service and/or Professional Development	14	n/a
Technical Assistance	5	n/a
Action Planning	5	n/a

TA from ECE Team and SME

- TA from DNPAO's ECE team is available by request and over ½ the staets have taken advantage
- Diane Craft Expert on ECE Physical Activity has visited 10 states and consulted with >30 states since May of 2015
 - Provided in person trainings, stakeholder meetings and technical assistance
 - Mechanism has worked very well so let us know if there are more areas or experts you would like us to pursue

Contact Information

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity

