Using the Spectrum of Opportunities to Support Childhood Obesity Prevention In Early Care & Education Settings

Indiana Case Study

Nemours. Children's Health System

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National Early Care and Education Learning Collaboratives (ECELC) Integration of Childhood Obesity Prevention into State/Local ECE Systems

Overview as of September 2018

National ECELC

Launched fall 2012, the National Early Care and Education Learning Collaborative (ECELC) is a six-year, Centers for Disease Control and Prevention (CDC)-funded effort, implemented by Nemours and partners. ECELC was designed to prevent childhood obesity through the spread of impactful, sustainable policy and practice improvements in the early care and education (ECE) setting with respect to healthy eating, physical activity, breastfeeding and screen time (HEPA).

Childhood obesity is a national epidemic and obesity prevention is an increasing focus for states supporting the healthy development of young children. Studies have shown that in the United States, approximately 23% of children ages 2 to 5 years old are overweight or obese.

Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA. 2014;311(8):806-814.

The ECELC project partners with organizations in states and communities to 1) provide an intensive 'learning collaborative' obesity prevention intervention to groups of center and home-based ECE providers (child care, Head Start, pre-kindergarten), and 2) better integrate national obesity prevention standards[1] and implementation support for these standards into components of state and local ECE systems.

As of September 2018, eight states (Alabama, Arizona, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey) and four communities (North/Central Florida, South Florida, Los Angeles County California, Contra Costa County California) have participated in the National ECELC. The intervention[1] typically consists of five in-person learning sessions spread over a 10-month period, ongoing technical assistance for participating ECE providers, and access to tools, materials and resources.

Integrating Obesity Prevention into ECE Systems Using CDC's Framework

Through this project, partners worked intentionally to understand the extent to which support for standards had been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC's 'The Spectrum of Opportunities Framework for State-Level Obesity Prevention Efforts' as a framework to identify gaps and opportunities for further integration and, working with broad internal stakeholder groups, select and pursue integration action steps. Integration efforts spread awareness of standards and built upon the main objectives of ECELC—increase number of ECE programs meeting standards, and increase the proportion of young children in programs that meet these standards.

Many factors influenced how and when integration of best practice support into ECE systems was achieved. This case study series explores some of the integration opportunities pursued by each state/community, the outcomes of these efforts, and factors that may have hindered or enhanced their success. The uniqueness of each state or local ECE system (e.g., licensing, Quality Rating and Improvement Systems (QRIS), stakeholder groups) is described as an important contextual factor for integration activities.

Figure 1: CDC Spectrum of Opportunities (2.0)

Development and Purpose of State Case Studies

In fall 2016, Nemours gathered information from its ECELC partners, reviewed monthly progress and integration plans, and complied case studies describing each partner's integration efforts. Reports for several states/communities and reports by Spectrum area where completed in July 2017 and posted on *www.healthykidshealthyfuture.org*.[2] In summer 2018, Nemours updated these case studies to reflect the continued successes of ECELC state partners. These case studies provide real-life examples of how partners have leveraged initiatives (i.e. ECELC), funding, stakeholder engagement, and other factors to integrate HEPA practices/activities into ECE systems. The reports discuss how federal funding streams/initiatives (e.g., CACFP, Child Care Development Fund, State Public Health Actions – 1305) are leveraged in a variety of ways *alongside* state or local resources to achieve integration activities across the Spectrum. Case studies serve multiple purposes: reflection, information sharing, and planning.

Reflection. Development of case study reports provided an opportunity for National ECELC partners to reflect on their pathway, progress, key challenges and lessons learned. This also allowed reflection on what was accomplished, how it was achieved and who was involved.

Information sharing. Case study reports provide valuable information at multiple levels. In the participating state or community, the case study may be a communication tool for partners' information sharing with stakeholders. For other participating ECELC states or communities, they provide an opportunity to learn about the impact driven by participation in the National ECELC project. For stakeholders in non-ECELC states and communities, the case studies are an opportunity to learn how others have integrated HEPA into ECE systems.

Planning. For National ECELC partners, their case study reports may help to serve as a planning tool for continued improvement and momentum. By reflecting on challenges and lessons learned, partners can celebrate the successes while focusing on filling gaps and continuing to integrate ECE obesity prevention efforts. For states and communities that have not participated in ECELC but are working on childhood obesity prevention via state or local ECE systems, case study reports provide a roadmap for possible change. Case study reports from those that have traveled a similar journey will help others consider a systems perspective for integration from the beginning.

The ECELC case study series explores some of the integration opportunities pursued by each state and community, the outcomes of these efforts, and factors that may have hindered or enhanced their success. Integration activities are characterized by their primary focus within the Spectrum of Opportunities. This summary report describes information learned, reflections, and recommendations from across the case studies.

Summary of Obesity Prevention Integration Activities Across States and Communities

Over the course of their participation in the National ECELC project, partners pursued integration activities across the Spectrum of Opportunities. Certain areas have risen to the top among partners' work. In particular, pre-service and professional development systems, licensing and administrative regulations, and QRIS. Many partners' activities touched multiple areas of the Spectrum of Opportunities despite being characterized under one primary area. The most prominent areas for each state or community are highlighted in their report.

The following summarizes partner activities within each area of the Spectrum of Opportunities. Additional detail about each area is available in the *Spectrum of Opportunities State Integration Highlights* reports, available at *www.healthykidshealthyfuture.org*.

Pre-service and Professional Development Systems. Pre-service and Professional Development Systems were the area of the Spectrum of Opportunities most frequently leveraged by partners participating in the National ECELC. Nine out of eleven used Pre-service and Professional development to integrate HEPA activities. Partners in Arizona and Kentucky created ***online modules aligned with HEPA standards***, and, in Kentucky, technical assistance packages accompany those modules and enhance trainers' ability to support ECE programs to make changes. Other partners created ***new trainings*** to meet needs identified by ECE providers or stakeholders. For example, an infant/toddler feeding training was developed in Indiana, and parent trainings in Los Angeles.

The ***development of toolkits*** was another commonly used strategy to help large numbers of ECE providers make and sustain HEPA changes. In Los Angeles, partners developed a Breastfeeding Friendly Child Care Toolkit, and Indiana partners created a Family Engagement Toolkit, which is now an online module for ECE providers. Similarly, the partner in New Jersey developed ***Policy Packets and Kits*** to help give ECE providers the tools and language needed to make HEPA changes in their programs. In Virginia, ***'supply kits'*** were provided to technical assistance providers to share with ECE providers to encourage them to focus on HEPA changes. Alabama trained professional development providers as well as licensing consultants on HEPA best practices.

Many partners that focused on Pre-service and Professional Development as an integration strategy strived to ***ensure that continuing education units (CEUs) and licensing clock hours/in-service hours were available for ECE providers*** participating in the learning collaboratives and in new and existing HEPA trainings.

Licensing and Administrative Regulations. Six partners focused on Licensing and Administrative Regulations as a primary integration strategy. In Alabama, Kentucky, Los Angeles, CA, Missouri, and New Jersey this centered on ***promoting the inclusion of HEPA standards in licensing regulations***. In each of the states, the effort is ongoing; it is a lengthy administrative process to update licensing regulations. Arizona has a highly visible HEPA initiative (Empower) in place tied to state licensing regulations and the ***National ECELC was co-branded*** to align with the program as Empower PLUS+. The partner in Arizona leverages licensing and QRIS support and ***aligns training and data collection*** for a coordinated strategy to support the achievement of HEPA practices in ECE settings. In California, stakeholders ***built upon legislation that requires new licensed providers participating in Preventive Health and Safety Practices (PHSP) Training to receive a 1-hour training on child nutrition***. Partners aligned curricula and existing training with the new child nutrition training to ensure providers are up-to-date with current information.

Quality Rating and Improvement Systems (QRIS). Six partners in Indiana, Kansas, Los Angeles, CA, New Jersey, South Florida, and Virginia focused on QRIS as a primary integration strategy. Partners in these states have ***engaged with stakeholders—public and private***—to leverage the reach and potential of QRIS to weave HEPA topics into broader quality improvement strategies. Five of the six partners that focused on QRIS did so from the perspective of ***integrating HEPA standards into QRIS, either through the launch of a new QRIS or revisions to an existing QRIS***. In New Jersey, the partner successfully included a ***HEPA-focused self-assessment (Let's Move! Child Care) in the state's QRIS***. In three of these states, South Florida, Kansas, and New Jersey—as well as Virginia[3]—the partner made efforts to ***train QRIS technical assistants*** to enhance their ability to assist ECE programs in their efforts to achieve HEPA best practice standards. Additionally, Virginia co-created an on-line QRIS module that explicitly ***linked HEPA best practices to Virginia's Early Learning Standards and QRIS system***.

ECE Funding Streams. Three states used ECE Funding Streams to further their integration work. In North/Central Florida and Indiana, partners collaborated with Head Start grantees to successfully ***modify the National ECELC approach to meet the specific needs of Head Start programs***. Alabama secured ***funding through the Child Care Development Fund*** to expand ECELC to other counties in the state and Indiana ***secured additional grant funding*** to expand ECELC to reach new providers as well.

Child Care Food Program (CACFP). Partners in Missouri, Virginia, Indiana, and Alabama are using CACFP as a primary integration strategy. In Missouri, the state's existing CACFP recognition program Eat Smart and MOve Smart, was aligned to the National ECELC around ***messaging and supports***. Eat Smart, in particular, focuses on supporting ECE programs to meet nutrition standards, including CACFP for those meeting more advanced standards. The National ECELC project helped to ***add bandwidth through learning collaboratives to provide technical assistance to help ECE programs implement best practice nutrition standards and receive recognition***.

The partner in Virginia is similarly focused on ***expanding the bandwidth of technical assistance, and in particular state CACFP and Infant Toddler Specialists, to assist ECE providers in their efforts to meet or exceed HEPA standards***. Stakeholders in Virginia held a ***CACFP Summi***t that resulted in the formation of workgroups to address barriers to ECE provider enrollment in CACFP and how these barriers can be overcome so that more eligible providers will participate.

Work in Indiana and Alabama is focused on increasing awareness and provider participation. Indiana conducted CACFP mapping of participants, and created ***marketing and outreach tools to increase enrollment of new providers***. Alabama also completed mapping of providers and is working to ***develop outreach tools to increase participation***.

Statewide Recognition and Intervention Programs. Partners in three states focused on Statewide Recognition and Intervention Programs—South Florida, North/Central Florida, and Alabama. In 2018, Florida partners worked to ***create and launch a Statewide Early Childhood Education Recognition Program***. The program celebrates ECE programs that prioritize healthy eating and physical activity best practices. Alabama is working to launch a ***statewide breastfeeding friendly designation*** program, providing a toolkit and training for interested providers.

Technical Assistance. Three partners (in Kansas, Kentucky, and Virginia) focused on Technical Assistance as a primary integration activity.[4] The partner in Kansas ***collaborated with stakeholders to enhance the collective capacity*** to increase healthy lifestyles in ECE. They supported a stakeholder initiative by providing ***technical assistance for ECE programs to complete HEPA assessments and plan for change***. In Virginia, HEPA is incorporated into a variety of technical assistance supports. Technical assistance strategies accompanied implementation of a CDC-funded Go NAP SACC pilot, a "Rev Your Bev" campaign to engage children 0-5 in healthy lifestyles, as well as implementation of a breastfeeding friendly child care environments initiative. In Kentucky, there is an active 5-2-1-0 campaign to educate families on healthy, active living for young children. With 1305 funds, the state partner ***developed a train the trainer course for ECE credentialed trainers to support their ability to deliver a 2-hour 5-2-1-0 training to ECE providers and families***. A similar online training on how to use 5-2-1-0 with parents was also developed.

Statewide Access Initiatives. Partners in South Florida and Alabama focused on statewide access initiatives. South Florida worked to ***integrate childhood obesity prevention/intervention into the referral service Help Me Grow***. This allows Help Me Grow to connect families with health care providers and community agencies to support children's healthy weight. In Alabama, partners have been working on implementing a statewide initiative to ***provide support to ECE programs regarding procuring fresh and locally grown produce*** for use in the child care setting through Farm to ECE.

Exploring Challenges and Lessons Learned

When looking across states it becomes apparent that the challenges and lessons partners experience while working toward integration activities are quite similar and fall into the following categories:

Pace. Partners find that changes to the ECE system—most notably QRIS and licensing regulations—take significant time. The pace of change is slow due to administrative processes, changing priorities, staff turnover or other factors that cause delays in finalizing and implementing revised systems.

Navigating funding streams. Funding can be a barrier to change, and partners experience this from multiple perspectives. There is no dedicated funding stream for HEPA program improvement in ECE. Often partners have to seek grant funding to support integration activities or fight for public funds for HEPA versus other program improvement areas. Other funding-related challenges include having to weave together multiple funding sources to support integration activities, balancing the uncertainty of state budgets and the longevity of funded projects. Partners also depend on funding to maintain momentum and struggle to enhance existing initiatives with static funding.

Creating change within voluntary systems. As it relates to QRIS or other voluntary statewide initiatives (e.g., Arizona's Empower program) partners have had to consider the depth of impact within voluntary systems. In some states, the QRIS reaches only a small number of ECE providers. In other states, exemptions to licensing requirements mean many ECE providers operate outside the regulatory system. With a focus on encouraging implementation of best practice HEPA standards across **all** ECE settings, some partners have had to balance that expectation with what is feasible within the existing systems.

Coordination among multiple partners or stakeholders. In many states multiple projects, initiatives, stakeholder groups, or public and private entities touch the ECE system and childhood obesity prevention. Creating shared goals and a coordinated path forward is a challenge for some partners, and particularly those that did not have an active ECELC stakeholder group or other group of key individuals already with buy-in and focused on creating an aligned strategy.

Staff and leadership turnover. When staff who were deeply involved in a particular effort left their position there were periods of having to restart collaborations or reconfirm priorities and paths forward. This also proved true with turnover at the state leadership level. Changes in administration and the political climate within a state may translate into changes in statewide priorities or funding allocations.

Technical assistance resources. Many of the integration efforts focus on *Spectrum of Opportunities* areas where technical assistance resources are available. For example, partners may access information about state licensing regulations and language for HEPA standards. They are also able to get ideas of how to build and integrate HEPA areas into QRIS. At the same time, there are few resources available on building new technical assistance networks or strategies to train existing networks not already knowledgeable on HEPA.

Course correction. As partners work toward integration activities, it is not uncommon to change course. A variety of factors (e.g., stakeholder buy-in, leadership priorities, staffing, funding) impact the degree to which partners were able to maintain course on particular strategies. Maintaining flexibility and adaptability have proven important factors for successfully integrating HEPA into state systems. Similarly, many partners targeted 'easy wins' alongside bigger, more challenging changes. This allowed them to celebrate successes while simultaneously navigating the course to more significant (and often time-consuming and more resource driven) changes to the ECE system.

Reflections and Recommendations

When considering the factors that contributed to partners' success integrating HEPA activities into ECE systems, a few themes emerged. The partners themselves agree that these are the roadblocks encountered and paths forward. The following recommendations lay out suggested steps for consideration on the journey to fully integrate HEPA best practices into ECE systems.

Recommendation 1:

Establish a system to become aware of new or unexplored funding opportunities and have an ability to respond to opportunities when they arise.

Successful partners had an ability to respond to external opportunities when they presented themselves. This is particularly evident related to funding, whether to expand the reach of provider level initiatives (e.g., North/Central Florida leveraging 1305 fund collaboratives in an underserved region), launch new programs (e.g., South Florida's Early Childhood Education Structured Physical Activity (ECESPA) project), campaigns (e.g. Kentucky's 5-2-1-0) or training. Continuously re-scan the environment to determine if there are new or unexplored opportunities.

Recommendation 2:

Maintain flexibility with integration pathways and understand priorities, timing, and potential roadblocks.

The timing of external opportunities played an important role in partners' ability to create change. In states or communities where certain systems-level changes were already in process, for instance revisions to QRIS or licensing regulations, partners took advantage of the opportunity to weave HEPA into existing change efforts. Given the complexity and time required to update QRIS standards and/or licensing regulations, leaders can only make significant headway when there is already momentum towards revision. This was also true when certain strategies (e.g. licensing) may have been politically sensitive and a non-starter in certain political climates.

Recommendation 3:

Be strategic about convening and using a stakeholder group and maintaining relationships with key individuals and organizations.

Convening and using a stakeholder group – whether tapping into an existing group or forming a new one—can serve important purposes, including enhancing buy-in, understanding stakeholders' priorities, aligning efforts, highlighting potential roadblocks, and identifying cross-sector opportunities for integration. Convene a stakeholder group and maintain strong relationships outside of the stakeholder group. Given at times slow pace of change and turnover in staff positions, it is possible for integration planning to hit roadblocks. Focus on relationship building because work may not sustain if and when key individuals or change-leaders leave an organization.

Recommendation 4:

Manage planning, expectations of stakeholders, and communication with providers with respect to the pace of change.

The at-times slow pace of change, particularly related to QRIS and licensing regulations, proved challenging for partners. To the extent possible, manage expectations with stakeholders and providers about the pace of change, and plan accordingly for delays in development or implementation of updated systems. Acknowledge with stakeholders that many integration activities are ongoing and take time. Stakeholders should remain advocates for change throughout the process, and in particular, when there are changes in leadership or staff that may require a 're-start' on aspects of integration pathways. In other cases, it might be necessary need to wait for the right timing, buy-in, or funding to address particular integration activities. Be aware of those factors from the beginning and plan accordingly.

Recommendation 5:

Determine from the onset where change takes place and put the appropriate resources and people in place to support the effort.

When planning integration activities, determine which stakeholder(s) is in the best position to lead the work. The type of organization may help or hinder integration activities. For example, in some cases a state agency may be the best fit given administrative oversight of key systems, whereas in other instances a private stakeholder may be better suited to advocate for change needed within a state agency. This ties back to the importance of having a dedicated stakeholder group that can identify the best champion(s) for integration activities and having the right people/agencies at the table to support change. Regardless of where changes are taking place within the system, have a person focused on policy change and navigating the 'pre-work' to ensure proper procedures and timelines are followed.

Looking Ahead—A Continued Focus on Integration

By using the case studies to understand and learn from the unique journey of states and communities in the National ECELC project, others interested in implementing the National ECELC model or a similar initiative can establish an integration pathway from the onset. Case studies share real-life examples of integration activities. While state infrastructure, stakeholders, funding, priorities, and context differ from state to state, themes emerging from case studies help to paint a picture of how to successfully integrate HEPA into systems. Case studies showcase that variety and highlight the pathways partners traveled as they worked to integrate HEPA into their ECE systems.

Integration activities are evolving and ongoing, and thus, the National ECELC case study reports will be updated in the future to reflect new ideas, activities, and accomplishments. There is opportunity for continued learning and improvements in system building for National ECELC partners as they reflect on their own journey and the journeys of their peers.

National ECELC

Launched fall 2012, the National Early Care and Education Learning Collaborative (ECELC) is a six-year, Centers for Disease Control and Prevention (CDC)-funded effort, implemented by Nemours and partners. ECELC was designed to spread impactful, sustainable policy and practice improvements in the early care and education (ECE) setting with respect to nutrition, breastfeeding support, physical activity, and screen time in order to prevent childhood obesity.

Childhood obesity is a national epidemic and obesity prevention is an increasing focus for states supporting the healthy development of young children. Studies have shown that in the United States, approximately 23% of children ages 2 to 5 years old are overweight or obese.

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As of July 2018, 8 states (Alabama, Arizona, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey) and 4 communities (North/Central Florida, South Florida, Los Angeles County California, Contra Costa County California) have participated in the National ECELC. The intervention[5] typically consists of 5 in-person learning sessions spread over a 10-month period, ongoing technical assistance for participating ECE providers, and access to tools, materials and resources.

Integrating Obesity Prevention into State ECE System Components Using CDC's Framework

Through this project, partners worked intentionally to understand the extent to which support for standards has been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC's 'Spectrum of Opportunities for Obesity Prevention in the ECE Setting' as a framework to identify gaps and opportunities for further integration and, working with broad internal stakeholder groups, select and pursue integration action steps. Integration efforts spread awareness of standards and build upon the main objectives of ECELC—increase number of programs meeting these standards, and increase the proportion of young children in programs that meet these standards.

Many factors influence how and when integration of best practice support into ECE system can be achieved. Standards and implementation support for these standards can be successfully integrated into the various components of an ECE system. This case study series explores the integration opportunities pursued by each state, the outcomes of these efforts, and factors that may have hindered or enhanced their success. The uniqueness of each state or local ECE system (e.g., licensing, Quality Rating and Improvement Systems (QRIS), stakeholder groups) is described as an important factor for integration success.

CDC Spectrum of Opportunities

CDC's *Spectrum of Opportunities* framework (Figure 1; the Spectrum) identifies several ways that states, and to some extent communities, can support ECE programs in their abilities to achieve recommended standards and best practices for obesity prevention.[6] Many states implement a coordinated approach to integration, drawing from multiple opportunities to reach providers. The avenues chosen by states and communities for integration efforts may depend on resources, costs, partnerships, stakeholder support, as well as provider needs.

National Efforts and Factors for Integration

In addition to factors at the state level (e.g., licensing, QRIS, professional development systems), states' and communities' ability to achieve integration of childhood obesity prevention components within ECE systems is often influenced by national policy, funding, and initiatives. Examples of such factors are listed below. While there is some direct overlap with the *Spectrum of Opportunities* (e.g., CACFP), these factors are generally broader than the avenues illustrated in the Spectrum and may impact multiple spectrum areas different spectrum areas for each state. The major federal funding streams/initiatives that follow are consistent across all states and serve as the backdrop for state ECE systems. State case study reports describe how these funding streams/initiatives are leveraged in a variety of ways (alongside state resources) to achieve integration activities across the Spectrum.

Figure 2: CDC Spectrum of Opportunities (2.0)

Child and Adult Care Food Program (CACFP)[7] – CACFP is a federal program that provides funding reimbursement for meals and snacks served to low-income children in ECE settings. Participating ECE programs follow CACFP standards regarding meal patterns and portions. Many states provide training or technical assistance to ECE providers related to CACFP, and some use CACFP as a guide for licensing regulations, QRIS standards, or other state-based programs. In early 2016 CACFP standards were revised, providing an opportunity and increased need for training and supports from states to ECE providers on implementation of nutrition best practices.

Child Care and Development Fund (CCDF)[8] – CCDF funding to states supports subsidized child care services, and also includes a portion of funding which must be used to improve the quality of care in ECE settings. The minimum amount of funding which states must use to support quality activities was increased as part of the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG). Quality funds may support professional development, training, grants, or programs to providers, along with systemic improvements to enhance the quality of care for young children. Children's health and wellness may be a central focus of CCDF-funded efforts in states.

State Public Health Actions – 1305[9]: CDC supports efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. Through a federal grant (1305), all 50 states and the District of Columbia receive funds to help prevent these chronic diseases. 1305 focuses on healthy environments in workplaces, schools, early childhood education facilities, and in the community. This program also focuses on working through health systems and communities to reduce complications from multiple chronic diseases such as diabetes, heart disease, and stroke. The goal is to make healthy living easier for all Americans. Recently, CDC added a new 1305 requirement for states around physical activity in ECE settings. Since all states receive 1305 funding (basic and/or enhanced) and are required to set goals and performance measures, the new requirement forced state health departments to develop strategies for ECE providers.

Indiana
IImplementation Partner: Early Learning Indiana[10]
CDC Spectrum of Opportunity Case Study

Participation in National ECELC: 2013-2016

ECE programs trained[11]: 161

Children served by trained programs: 20,780

Spectrum of Opportunities areas of focus:

- ***Quality Rating and Improvement Systems (QRIS)*** – Provide ongoing support for integration of HEPA practices into QRIS and recommendations for best practice standards.
- ***Pre-Service & Professional Development*** – Collaborated with partners to expand professional development offerings that focus on HEPA topics, and leveraged existing opportunities (e.g., conferences) to provide ECE programs with HEPA information.
- ***Funding & Finance*** – Secured private funding which allowed for the expansion of the reach of the National ECELC project and evaluation of the effectiveness of different service delivery models for HEPA training

Setting the Stage

Nemours identified Indiana as a state implementation partner in 2013 during the development of the National ECELC proposal to the Centers for Disease Control and Prevention (CDC). Indiana had high preschool overweight and obesity rates, large numbers of early care and education (ECE) programs, and existing efforts to prevent childhood obesity via ECE settings. The Indiana Association for Child Care Resource Referral (IACCRR) was the state implementation partner until fall 2016, at which point Early Learning Indiana (ELI) assumed responsibilities for the agency including oversight of the National ECELC project. This was a transition administratively for both state leaders and providers, and provided an opportunity to explore new strategies for integration. The state project coordinator at IACCRR joined ELI, an organization that is growing its focus on quality improvement and is considering ways to strategically integrate healthy eating and physical activity (HEPA) into facets of their quality improvement efforts.

Did you know?

In Indiana, among low-income children aged 2 to 5 years old, nearly 16.6% are overweight and 14.2% are obese.

Source: CDC. Division of Nutrition, Physical Activity, and Obesity. 2010 Pediatric Nutrition Surveillance System, Table 6 (PedNSS).

State and Regional Efforts Addressing Childhood Obesity

The Indiana Healthy Weight Initiative, launched in 2008, is a coalition of public and private stakeholders working together to promote the health and wellness of communities in Indiana. The group focuses on policy, systems and environment changes as levers to encourage healthy lifestyles of individuals.

In 2010, a task force for the Initiative, under the Indiana State Department of Health, developed Indiana's *Comprehensive Nutrition & Physical Activity Plan, 2010-2020*. Early childhood/child care is one of the primary focus areas within the plan and continues to be central to the Indiana Healthy Weight Initiative's strategy to empower "Whole School, Whole Community, Whole Child" efforts in Indiana. As stated in the plan, there are six early childhood/child care objectives, including 1) by 2014, provide training and technical assistance to parents, early care and education providers, and others that focus on nutrition, physical activity, and lactation support in child care settings; 2) by 2014, add nutrition, physical activity, and television viewing recommendations for early childhood settings into the formal and non-formal Child Development Associate (CDA) training; 3) by 2020, encourage the addition of nutrition, physical activity, and television viewing to the licensing requirements for child care providers; 4) by 2016, include basic nutrition and physical activity requirements for unlicensed child care providers in the Child Care and Development fund (CCDF) voucher program provider eligibility standards; 5) by 2014, include standard nutrition, physical activity, and television

viewing requirements in the Paths to QUALITY rating system standards; and 6) from 2010-2016, increase participation in the Child and Adult Care Food Program (CACFP) among licensed child care centers, licensed child care homes, and unlicensed ministries by 2% each year.[12]

In 2014, public and private organizations and business leaders came together to launch Jump IN, and while this is a regional initiative of central Indiana, resources and information learned from Jump IN are shared with stakeholders across the state. Jump IN is *"a community-wide effort to empower kids in Central Indiana to live healthier lives."*[13] In fall 2015, the group undertook a thorough inventory of community efforts and then developed a set of recommended strategies and interventions related to nutrition and physical activity. Jump IN focuses in three core areas—Healthy Places, Healthy Neighborhoods, and Healthy Communities—and works to make connections and align stakeholder activities and goals for coordinated progress. Jump IN's efforts include training for ECE providers, and the organization has collaborated closely with IACCRR to collect data and information that can inform the spread and scale of HEPA trainings across the state.

Indiana was selected in fall 2015 by Child Care Aware of America to participate in the Healthy Child Care, Healthy Communities initiative through August 2017. Through this initiative—under the lead of IACCRR—the state receives support from Child Care Aware to implement systems-level change strategies that will have an impact on child health. As part of participation, Indiana stakeholders reviewed existing policies and practices related to obesity prevention in ECE settings and will work together to develop a plan to enhance healthy practices in child care settings across the state. Child Care Aware also provided assistance to Indiana to integrate health-focused strategies within the state's 2016-2018 CCDF state plan.

Timeline

2008
- Indiana Healthy Weight Initiative launched

2010
- Indiana DOH released Indiana's Comprehensive Nutrition & Physical Activity Plan, 2010-2020 which included objectives specific to ECE

2013
- Indiana joined National ECELC project and launched first cohort of collaboratives

2014
- Jump IN launched
- Second cohort of collaboratives launched

2015
- Indiana selected to participate in Healthy Child Care, Healthy Communities initiative with Child Care Aware (through 2017)
- Third cohort of collaboratives launched
- Additional central Indiana collaborative launched with assistance from Jump IN and funding from Anthem Foundation
- IACCRR awarded CHEP grant to evaluate central Indiana collaborative

2016
- Early Learning Indiana assumed many duties of IACRRA of managing National ECELC project.

2017
- ELI /Jump IN received additional funds from Anthem/ United Way of Central Indiana to further support five collaboratives and other sustainability work for two years

2018
- Jump IN received additional funds from Anthem/ United Way of Central Indiana to support additional collaboratives and a curriculum crosswalk

State Efforts to Improve Early Care and Education

Indiana's quality rating and improvement system (QRIS), Paths to QUALITY, has been in place since 2008 to help ECE providers enhance program quality. Paths to QUALITY is a tiered, voluntary system, and includes coaching and technical assistance to help ECE providers meet program improvement goals. Currently, there are no standards within Paths to QUALITY that align with best practices for obesity prevention, and health and safety standards addressed are basic (e.g., diapering, hand washing).[14] Additionally, according to the Center for Disease Control and Prevention's (CDC) *Early Care and Education State Indicator Report 2016*, Indiana has no "high impact obesity prevention standards" within the state licensing regulations. In 2015, Indiana planned to work toward revisions to licensing for family child care providers, with an intent to integrate a focus on the achievement of HEPA practices. However, with changes in federal policy there was a shift in focus at the state level as well. With the requirements laid forth in the Child Care and Development Block Grant (CCDBG), the state shifted its priorities to focus on compliance with CCDBG rather than revisions to licensing regulations.

In 2013, at the time when IACCRR was partnering with Nemours for the ECELC project, the Early Learning Advisory Committee (ELAC) was established by the Indiana General Assembly to help ensure that young children, birth to age 8, have access to affordable high-quality early childhood experiences. This group of public and private partners includes seven workgroups each focused on specific facets of the ECE system (e.g., Family Engagement, Data Coordination, Workforce). There is also a Child Development and Well-Being Workgroup on which the State Project Coordinator serves. The workgroup explores topics related to children's health and

wellness and makes recommendations to the ELAC regarding policies (e.g., licensing regulations) and practices to support statewide. Additionally, in fall 2016, the workgroup began development of a white paper detailing the importance of child health, nutrition, and physical activity and the importance of collecting data in these areas. The white paper will be shared with the ELAC for discussion and planning purposes.

Establishing a Path to Success—A Plan for Integration

The integration of HEPA best practices into statewide ECE systems became a focus of IACCRR's participation in the National ECELC, and has continued to be at the forefront of planning under Early Learning Indiana. Jump IN leveraged grant funding from United Way of Central Indiana to reach additional providers with trainings and initiatives to support HEPA best practices. IACCRR, and now Early Learning Indiana, maintain relationships with state stakeholders and involvement with state planning groups and advisory committees to help advance ECE program quality with particular attention to HEPA topics. While Indiana has worked in multiple areas of the CDC Spectrum of Opportunities, the focus has been predominately in three areas.

1. Support integration of HEPA best practices into updated version of state **quality rating and improvement system** (**QRIS**).
2. Expand **professional development** opportunities through tools, trainings, and collaboration.
3. Leverage **funding** to expand the reach of the learning collaboratives.
4. Increase provider's participation in the **Child and Adult Care Food Program** (**CACFP**)

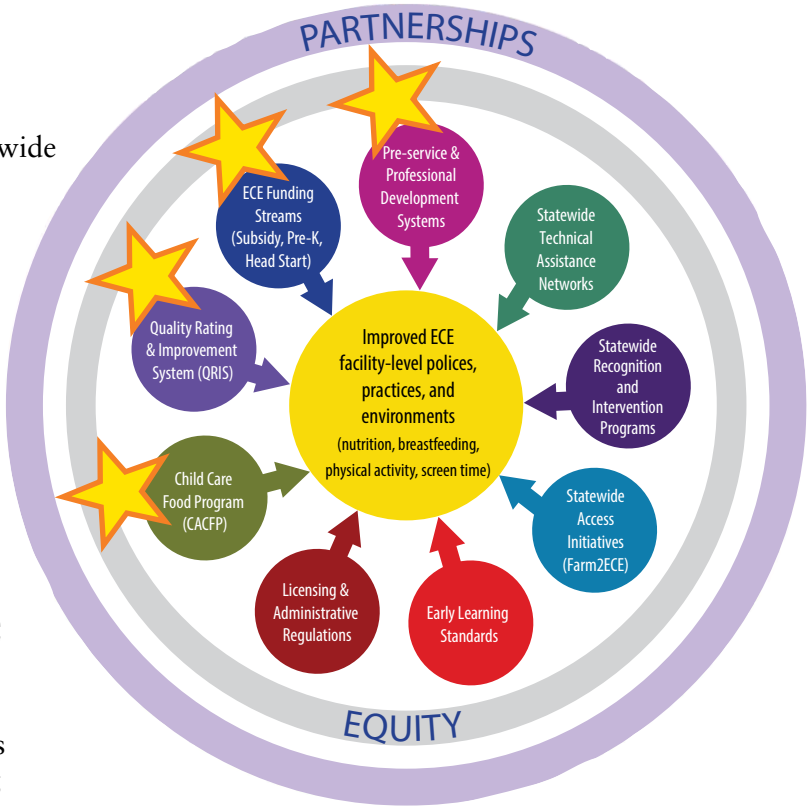

Figure 3: State Areas of Focus within the CDC Spectrum of Opportunities (2.0)

Neither IACCRR nor ELI formed its own stakeholder group for the purpose of planning integration activities, though there are mechanisms in place that have been leveraged to communicate and coordinate with stakeholders. The IACCRR Director of Child Well Being was the chair of the Indiana Healthy Weight Initiative's Child Care Workgroup, and the National ECELC State Project Coordinator, initially under the supervision of IACCRR and currently under the supervision of Early Learning Indiana, serves on the Steering Committee. In lieu of having a formal stakeholder group, the Indiana Healthy Weight Initiative has provided opportunities for input and partnership during the course of implementation of the National ECELC project and support of systems integration of HEPA activities. Additionally, the Indiana State Project Coordinator is the Chair of the Indiana Healthy Weight Initiative Steering Committee for 2017.

Integration Activities

QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS)

Revising Indiana's quality rating and improvement system (QRIS), Paths to QUALITY, into a more robust system with revised standards has been a focus of state ECE stakeholders in recent years, and upgrading Paths to QUALITY is in the State Administrator's strategic plan, with a goal of revisions complete by 2019 (revised from the plan's original 2018 timeline). This also relates to a key objective within *Indiana's Comprehensive Nutrition & Physical Activity Plan, 2010-2020*, that by 2014, nutrition, physical activity, and screen time standards would be included in the system. While this was not accomplished by 2014, state stakeholders continue to focus on improving the state's QRIS. ELI sits in the ELAC Child Development and Well-Being Workgroup, which continues to be instrumental in providing information and guidance to inform the inclusion of HEPA standards in Paths to QUALITY. ELI continues to review other states QRIS systems to acquire techniques towards embedding health and wellness practices, while enriching their discussions with key stakeholders. Their timeline has been pushed back to 2020.

In early 2016, ELI secured funding to hire a grant-funded Paths to QUALITY fellow. This has allowed ELI to have a robust role supporting providers and stakeholders through brief writing and policy guidance, as well as the re-design of Paths to QUALITY provider workbooks. ELI leveraged the fellow to focus on HEPA topics (e.g., in briefs, provider workbooks) as part of a strategy to promote change at the provider-level while simultaneously working to support system improvements and integration at the state level.

Although ELI has been unable to make progress in QRIS, they realized that they would need to make pushes in other spectrum areas such as State Pre-K. This approach could promote ECE—wide systems changes that would eventually put pressure to change Paths to QUALITY.

Most recently, ELI worked with Project Impact to amend their coaching model, which supports Indiana's QRIS system. This project's tentative completion date is 2019-20. Additionally, Indiana received funding to design and implement the Help Me Grow model. ELI is a key partner in this initiative, which includes a centralized system to support families as they search for the guidance on health and wellness best practices for their children.

PRE-SERVICE & PROFESSIONAL DEVELOPMENT

Throughout its participation in the ECELC project, IACCRR, ELI and stakeholders in Indiana focused on identifying ways to increase trainings throughout the state that focus on HEPA topics.

Infant/Toddler Feeding Training

In July 2015, state stakeholders identified the need for infant toddler feeding training after acknowledging that regulatory authorities, as well as licensing specialists and Paths to QUALITY specialists in the state, were communicating inconsistent messages regarding infant and toddler feeding. IACCRR helped to identify key partners to inform the development of training content. Stakeholders were convened and each attendee brought standards, regulations and guidelines specific to the work of their organization for the group to discuss. Indiana Breastfeeding Coalition, Child Care Workgroup and IACCRR then worked together to develop a one-hour training for providers. The training launched in late 2015 and continues to be successfully implemented across the state by Infant Toddler Specialists. Trainings are conducted in-person only and participants may receive training hours for licensing upon completion.

In early 2016, the State Breastfeeding Coordinator with the Indiana Perinatal Network began to collaborate with the IACCRR Director of Child Well-Being and Infant/Toddler Specialists with local CCRR's to identify strategies for breastfeeding support in child care settings. "*How to Support Breastfeeding Mothers & Families: A Simple Guide for Indiana Child Care Providers*" is in the process of being updated to reflect best practice recommendations and a new, innovative online platform training format will be complete in 2017.

Additionally, ELI attended a meeting with the Office of Early Childhood and Out-of-School Learning (OECOSL) to make recommendations for IN's CCDF/CCDBG State Plan related to child health and well-being. The Office of Early Care and Out of School Learning asked ELI to develop two web-based trainings on nutrition and physical activity that would comply with the updated Child Care Development Block Grant (CCDBG) requirements. The trainings will include several in-person sessions, comprising of age specific sessions for infant/toddlers, preschool and school age. Moving forward ELI will create additional professional development sessions on topics such as screen time, breastfeeding support, staff wellness, outdoor play, etc.

Furthermore, ELI was asked to align their existing trainings and professional development to meet current best practices and CCDBG requirements. In early 2018, ELI began reviewing their trainings. Currently, there are four new trainings in development. One of the trainings will include an inclusive view of health and wellness. The other trainings will focus on nutrition, PA, breastfeeding and screen time for infant/toddler, preschool and school age children. The trainings will be presented in-person for providers to choose from. The trainings will be uploaded onto their new Learning Management System (LMS) that will launch in early 2019.

Family Engagement Toolkit

In 2015, IACCRR worked with the ELAC Family Engagement Workgroup to develop a self-assessment tool for ECE programs, *Indiana Early Childhood Family Engagement Toolkit*. The toolkit helps programs understand where they are and how they can improve practices and policies to engage families. The tool was initially implemented as part of Taking Steps to Healthy Success (the National ECELC project in Indiana) and was integrated into each learning session to bridge HEPA topics with family engagement strategies. The tool is broadly framed to help enhance family engagement strategies related to HEPA and non-HEPA topics, and it is available to all providers in Indiana regardless of whether they are participating in the ECELC. It may be used self-guided or with assistance from a Paths to QUALITY coach. In October 2016, IACCRR held a training with Paths to QUALITY coaches that support local service delivery areas to help prepare them for providing technical assistance to programs using the tool. This training will allow coaches to deepen their work with providers to improve family engagement strategies, including those related to HEPA topics, particularly as the state improves Paths to QUALITY in coming years.

Factors for Success in Indiana

- State level advisories and workgroups committed to the integration of HEPA into state systems
- A focus within the state plan on system-level improvements (e.g., QRIS)
- Availability of funding to expand the reach of the learning collaboratives and evaluate effectiveness of different types of delivery models

In 2018, the ELI and their partners mapped out services related to health care and access to foods in rural areas of Indiana. Consequently, the ELI facilitated discussions with the Accessing Health and Wellness task force, which is part of the Early Learning Advisory Committee (ELAC) to address the Child Care Development Fund (CCDF) intake process so families could be referred to health and wellness services at the same time. In addition, ELI and the task force are connecting with the Brighter Futures Call Center staff to obtain specific health and wellness information regarding infants. Together, they are developing a resource list that will provide information on healthy eating, breastfeeding and tummy time as it is highly requested by families and ECE providers.

Conferences

Both IACCRR and ELI played active roles in helping to incorporate obesity prevention topics into state and local conferences. This was an important strategy to enhance knowledge, and set a precedent for the inclusion of HEPA topics in learning opportunities across the state. In fall 2015, IACCRR helped to coordinate the Indiana Infant Toddler Institute, and included obesity prevention as one of the key topics. A featured speaker, Dr. Blake Jones, presented on "Understanding the Factors that Influence Obesity and Sleep in Infants and Toddlers: The impact of Daily Routines, Family Processes and the Home Environment" and an additional workshop addressed strategies for collaborating with families to increase successful feeding for infants and toddlers. ELI will continue to plan this institute and ensure that HEPA topics are included in workshops or presentations at state and local conferences going forward.

ECE Funding Streams

In 2015, Jump IN received funding from United Way of Central Indiana (UWCI)—via a grant from Anthem Foundation—to support development of an additional learning collaborative in central Indiana. IACCRR worked with Jump IN to leverage this outside funding to expand the reach of the National ECELC project. The collaborative builds upon the ECELC model by including key content and materials from the "OrganWise Guys." Fifteen additional providers were served through this opportunity.

In 2017, Jump IN received additional funds from Anthem/UWCI to further support additional collaboratives and other sustainability work in Central Indiana over the course of two years. In total, 38 programs successfully completed learning collaboratives through this Anthem funding in year one and an additional 47 programs in year two.

Furthermore, ELI secured funding from Anthem to support a continued technical assistance support for ECE programs that had participated in learning collaboratives. Anthem is also supporting a new cohort of that will begin in summer 2018.

IACCRR secured funding in 2015 through a Community Health Partnerships (CHEP) grant that provided funding for a third party evaluation of the additional collaborative that was implemented in 2015-2016 (as well as cohort 3). This outside funding provided additional opportunity to learn through implementation of the collaboratives in central Indiana. Data from the study will provide information about the effectiveness of different service delivery models for HEPA training. This information will allow stakeholders to more effectively advocate for funding, design interventions, and expand the reach and scope of HEPA training offered across the state. This is an important factor for integration, as data creates the case for continued and increased funding and focus in this area. Additionally, regional child care resource and referral agencies and statewide partners will have information to inform how and through what methods they support ECE providers' achievement of HEPA best practices. The study was overseen by Ball State University and research was complete in 2016, with results from the study expected in late 2016.

In 2018, ELI received a contract from the Indiana State Department of Health (ISDH) via their 1305 funds[15] to provide mini grants to early care and education providers and local child care resource and referral agencies. The funds will be used to support physical activity and the development of a webinar series on physical activity for infants, toddlers and preschool children.

As funds were limited, ELI published a request for proposals in order to select which providers would receive the physical activity supplies. Consequently, ELI received over 300 applications. In May 2018, awardees were notified. Due to the unexpected amounts of applications, ELI requested extra fund from the Lily endowment to support additional providers. The ISDH funds will provide support to 73 applicants, while supplementary funds from the Lilly endowment will support an additional 50 programs. As of June, ELI expects to fund approximately 125 programs. Providers who receive funds through the endowment will receive $1,000 with expectations to level advance in PTQ.

Child and Adult Care Food Program (CACFP)

In April 2016, USDA made the first major changes to the CACFP nutrition standards, which went into effect on October 1, 2017. The ELI team began discussions with Indiana Department of Health, Department of Education and other stakeholders on facilitating compliance with updated meal patterns and increasing childcare provider's participation in CACFP, particularly in underserved regions of Indiana.

In June 2017, the ELI team began the data collection process of mapping current CACFP participants particularly in ECE. The team held several conference calls with Child Care Aware to discuss the GIS mapping process and ways to expand their technical assistance efforts to rural areas. Afterwards, the team held focus groups to gather information on CACFP participation from ECE providers and get feedback on provider marketing tools. The recruitment materials launched in early 2018 and included one-page FAQs and a key informant list, which comprised of a list of sponsors and state agencies.

The GIS mapping process and the focus group sessions provided useful data to Indiana's local child care resource and referral agencies to help them support increased enrollment in CACFP. In 2018, the team began working on an action plan to increase enrollment of CACFP. ELI and their partners created a list of providers enrolled in CACFP and compared it with list of licensed providers to observe the trends of enrollment. The team were also able to map out the lack of services related to health care and access to foods. By observing the pockets of desserts in CACFP and other services, ELI's partners and the Early Learning Advisory committee task force were able to add a series of questions to the Child Care Development Fund intake process to support increasing access to health related services and to refer families to additional supports in these areas. Action steps are currently in review.

Challenges to Integration

Like many states, the pace at which systems-level change takes place in Indiana can be slow. State level administrators are beginning to shift more attention to early childhood, though mostly focused toward pre-kindergarten. While this is a step in the right direction, there is a need for continued and growing attention on the health and wellness of young children birth to age 5. ECE stakeholders have had to think strategically about how to message the importance of early childhood and emphasize its importance among the many priorities of state leaders. State leaders are also rethinking how they work with statewide (e.g., Early Learning Indiana) and local organizations, which provides an opportunity for new dialogue and charting paths forward that are built on collaborative approaches and understanding.

In recent years, Indiana has seen some turnover in state leadership (e.g., State Administrator) which may have also contributed to the slow pace of change and shifting priorities as has been experienced with an extended timeline on revisions to licensing regulations and Paths to QUALITY standards. In addition, the 2016 transition of ECELC responsibilities from IACCRR to ELI also resulted in a necessary regrouping in which ELI assumed roles from IACCRR and simultaneously planned its own strategic direction. With these transitions come new opportunities to explore integration opportunities.

Lessons Learned

When beginning integration activities, focus on "low-hanging fruit" to achieve early wins and to share successes with stakeholders to enhance buy-in. Recognize that it's not possible to focus on all areas of the Spectrum of Opportunities at once. It is important to prioritize and be aware of the process and pace of those priorities. For IACCRR, some of the easy wins were found in the integration of HEPA topics into training opportunities. Broader system level change (licensing and QRIS) related to HEPA strategies has not yet been achieved, though the focus remains at the forefront for Indiana stakeholders.

Provider practice change can take significant time and building relationships is key to success. Invest time in collaborating with stakeholders and providers, and balance systems-level change (e.g., changes to regulations and legislation) with on the ground support provider-by-provider to help ECE programs implement HEPA best practices. Consider a long-term approach that builds multiple avenues of supports for programs currently engaged in HEPA interventions. For example, identify strategies to integrate HEPA topics into recurring and widely attended conferences and professional development opportunities.

It is important to help stakeholders see the value in HEPA as part of ECE program quality, particularly as it relates to licensing regulations and QRIS standards. With potential changes in leadership priorities at the state and local levels, maintaining a system in which HEPA is embedded into the status quo will help to ensure its longevity as part of that system. Garner information and data that builds the case for the importance of HEPA training and the integration of HEPA topics into the state system

Glossary of Key Terms

1. ***Early Learning Indiana*** – State implementation partner for the National ECELC project (as of October 2016), and organization providing early childhood educations services to ECE providers in Indiana.
2. ***Community Health Partnerships (CHEP)*** – Organization that helps to bridge community-university partnerships for the purpose of improving community health. CHEP provides grants to organizations to advance this mission.
3. ***Indiana Association for Child Care Resource and Referral (IACCRR)*** – Prior state implementation partner for the National ECELC project (up until October 2016).
4. ***Indiana State Department of Health (DOH)*** – Lead agency overseeing the development of *Indiana's Comprehensive Nutrition & Physical Activity Plan, 2010-2020*.
5. ***Jump IN*** – Central Indiana obesity prevention initiative.

1. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCO), included in Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, (3rd ed.).
2. Case studies were written for Arizona, North/Central Florida, South Florida, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey. For the purpose of the summary, there are 10 states/regions highlighted which include Los Angeles, CA. Alabama is in the preliminary stages of integrating HEPA in to its state system and thus not included in this report. Contra Costa, CA did not include integration work in their ECELC activities.
3. In Virginia, the state partner's activities fall primarily into the Pre-Service and Professional Development area of the Spectrum.
4. Help Me Grow is a national initiative that helps to identify children at-risk for developmental or behavioral disabilities and connects children and families with community-based programs for health-related services. In South Florida, Help Me Grow is administered by Switchboard Miami.
5. Other states' strategies included a focus on technical assistance (TA) as part of other change strategies. For example, TA offered as part of a new initiative or to accompany trainings or use of toolkits.
6. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCvO), included in Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, (3rd ed.).
7. The avenues for change illustrated in the Spectrum are described in detail in the Spectrum of Opportunities document, available on the CDC's website - https://www.cdc.gov/obesity/downloads/spectrum-of-opportunities-for-obesity-prevention-in-early-care-and-education-setting_tabriefing.pdf
8. http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program
9. http://www.acf.hhs.gov/occ/fact-sheet-occ
10. From 2013-2016, implemented by Indiana Association for Child Care Resource & Referral (IACCRR).
11. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
12. Indiana State Department of Health and the Indiana Healthy Weight Initiative Task Force. (2010). Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020. Indianapolis, Indiana: Indiana State Department of Health.
13. http://www.jumpinforhealthykids.org
14. http://usa.childcareaware.org/wp-content/uploads/2016/06/IndianaSummarySheet-final.pdf
15. State Public Health Actions (1305) was a national program that provided a base level of funding to all 50 states and DC to focus on underlying strategies to prevent, manage, and reduce the risk factors associated with chronic diseases—including childhood and adult obesity, diabetes, heart disease, and stroke.

Nemours.org