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

Kansas 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).

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.

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.

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.

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 collaboratives' 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 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.

Kansas
Implementation Partner: Child Care Aware of Kansas
CDC Spectrum of Opportunity Case Study

Participation in National ECELC: 2013-2016
ECE programs trained[10]: 155
Children served by trained programs: 9,889
Integration areas: Technical Assistance

Setting the Stage

In 2013, Kansas was experiencing a high prevalence of overweight and obesity among preschool age children. In response, childhood obesity prevention efforts were underway within the ECE and child health sectors. During this same period, Nemours Children's Health System was identifying states and partner organizations with which to launch the National Early Care and Education Learning Collaboratives (ECELC) Project, funded by the CDC. Nemours selected Kansas, and Child Care Aware® of Kansas (CCAKS) as a partner organization to implement the ECELC model. CCAKS works to ensure that families have access to affordable, high-quality child care across the state through child care referrals and consumer education and the agency supports four CCR&R agencies through regular communication, funding, on-going training and technical assistance, and monitoring. CCAKS sits in a unique position within the state, allowing them to work closely with ECE staff, families, early childhood stakeholders as well as state and local government to strengthen the overall quality of ECE programs.

Did you know?

13.0% of low-income children in Kansas ages 2-4 are obese and 15.7% are overweight.

Source: Trust for America's Health and Robert Wood Johnson Foundation. The State of Obesity 2015. Washington, D.C.: 2015.

Since launching the ECELC in Kansas four years ago, several contextual factors and opportunities have enabled CCAKS to expand and integrate HEPA best practices into ECE systems in the state.

State Efforts Addressing Childhood Obesity

Child Care Aware® of Kansas launched an obesity prevention strategy in 2005; they provided tools to ECE providers to support healthier meals and increase physical activity. In 2006, funded by the Kansas Health Foundation and United Methodist Health Ministry Fund, CCAKS administered the Healthy Kansas Kids project, a statewide health and wellness project to engage ECE programs, children, families and communities in making positive lifestyle changes around healthy eating and physical activity. From 2006 to 2009, that project enrolled 452 ECE providers in Healthy Kansas Kids which provided technical assistance, parent engagement resources, grants, and professional development events related to nutrition, oral health, physical activity, nature play, and outdoor play environments. Evaluation data showed that the project successfully impacted ECE settings and provider practices, especially related to physical activity, nutrition education and play environments. In 2012, CCAKS was funded to evolve Healthy Kansas Kids into the Kansas Early Child Wellness Project, allowing them to reach more providers.

The Kansas Health Foundation, a private health foundation, is also a strong supporter of early childhood health and wellness in the state. Their mission is to improve the health of Kansas in four key areas: physical activity, healthy food access, civic engagement, and tobacco use. The foundation has supported the ECE work of many organizations including Children's Mercy Hospital, Kansas Action for Children, CACFP, CCR&R regional offices, American Heart Association, and Kansas Extension office.

State Efforts to Improve Early Care and Education

Across the state, over 85% of children from birth to age five are enrolled in ECE programs (child care—centers and homes, Head Start, Early Head Start, preschool). As such, Kansas has directed a variety of funding sources and efforts toward ECE. The Kansas Early Childhood Advisory Council, a governor-appointed council, is made up of over 20 leaders representing health, early intervention, early care and education, home visitation, family supports, advocacy, private foundations, businesses, and the governor's office. This advisory council provides continued support to local systems planning, and policy recommendations. They also provide input to the state council for the Kansas CCDF plan and project LAUNCH initiative.

In 2005, Child Care Aware of Kansas launched the Kansas Quality Rating system (KQRS). The system was based upon the rating system that originated in Colorado's Qaulistar. In 2012, 11 counties participated in the system and currently one county, Shawnee, is participating. In 2017, The Department for Children and Families will seek a contractor to deliver the Technical Assistance to support the Links to Quality Field Test.

Timeline

2005
- CCAKS launched an obesity prevention strategy

2006 – 2009
- CCAKS runs Healthy Kansas, reaching 452 Child Care Providers

2012
- Healthy Kansas Kids evolves into Kansas Early Child Wellness Project

2013
- Kansas selected to join National ECELC project and launches cohort 1

2014
- CCAKS launched learning collaboratives with family child care providers

2015
- CCAKS created the State Breastfeeding Friendly Child Care Designation
- CCAKS launches *Think Big! Start Small*

The Kansas Children's Cabinet and Trust Fund is focused on improving the health and wellbeing of at-risk children and families through funding and evaluating children's programs. The activities of the Children's Cabinet are guided by their Blueprint for Early Childhood and administration of the Kansas Early Childhood Block Grant.

Establishing a Path to Success—A Plan for Integration

CCAKS was funded in the first year of the ECELC project. The ECELC Curriculum was delivered and branded as Step It Up: Taking Steps to Healthy Success. After successfully managing ECE learning collaboratives for a year, both the Nemours and CCAKS staff began to explore opportunities for integrating healthy eating and physical activity (HEPA) best practices into broader state systems. Nemours and CCAKS prioritized integration opportunities in an effort to ensure that past ECELC participating programs would have access to long-term resources and support for their action plans for improving policies and practices. Additionally, expanding supportive state systems and resources meant that ECE programs that couldn't be reached by the ECELC would have some exposure and support for improving HEPA practices in their ECE settings. With guidance from Nemours and employing the CDC's Spectrum of Opportunities framework, CCAKS began developing an integration plan at the end of 2014. The plan was informed by CCAKS' experiences and lessons learned directly working with ECE providers through the ECELC in addition to input from local stakeholders. Stakeholders included partners from both state and community organizations.

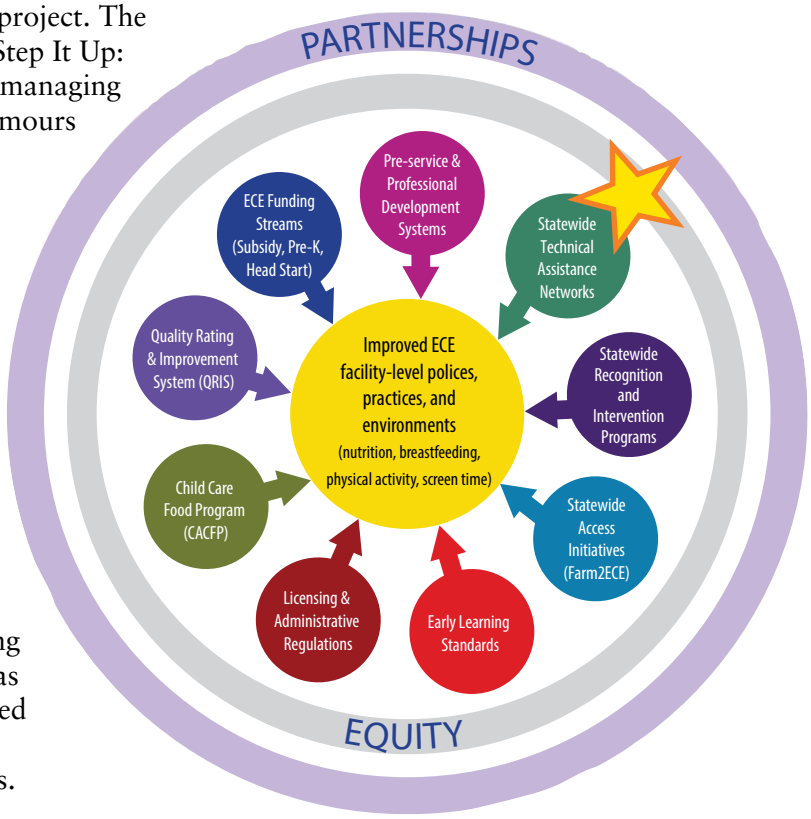

Figure 3: State Areas of Focus within the CDC Spectrum of Opportunities (2.0)

While CCAKS identified opportunities across all areas of the CDC Spectrum of Opportunity, their focus has been mainly on incorporating HEPA into **technical assistance** support offered to ECE providers in other quality improvement initiatives.

Integration Activities

Technical Assistance

Weighing-In Early Child Care Work Group

In 2013, Child Care Aware of Kansas partnered with Children's Mercy Hospital, the American Heart Association, and the Family Conservancy in an initiative to enhance the collective capacity to increase healthy lifestyles in ECE programs. CCAKS worked with the 12345 Fit-tastic team at Children's Mercy Hospital to help programs complete their MAPPS (**Message, Assessment, Plan, Policies, Environment, and Statistics/Success Stories**) and then update them annually, helping them stay accountable to their goals. The workgroup remains active, and is tasked with sharing information and resources to support early childhood obesity prevention efforts in the Kansas City area.

State Breastfeeding Friendly Child Care Designation

In 2015, CCAKS worked with the Kansas Breastfeeding Coalition and the Child Care Licensing Division of the Kansas Department of Health and Environment to create a State Breastfeeding Friendly Child Care Designation for ECE providers. To receive the designation, child care providers need to meet five criteria that demonstrate a culture of breastfeeding support: environment, Community Educational Resources for Families, Individual Feeding schedule for infants, Policy creation, and Breastfeeding support for children and families professional development training. Information about the designation program was distributed by CCAKS to previous ECELC participants and wellness participants, CCAKS regional Child Care Resource and Referral offices, local breastfeeding coalitions, and CCAKS partner organizations. Information was also shared with providers then they received their temporary or renewal license through Kansas Department of Health and Environment.

Programs meeting the requirements submitted self-assessments to CCAKS. Programs that met the *Breastfeeding Friendly Child Care Designation* received a certificate, a window cling and recognition in the Provider Profile information that was distributed through the Child Care Aware® of Kansas Resource and Referral Center to families looking for child care. Specialists from CCAKS will continue to help guide applicants through the process to meet the five criteria for designation: When parents call looking for child care, CCAKS will be able to provide information on programs that have the designation.

Think Big! Start Small Campaign

Kansas Action for Children worked with CCAKS to launch the *Think Big! Start Small* campaign, which targets workplace wellness both in and out of ECE settings. Every licensed childcare provider in Kansas was targeted by the messaging campaign, with a total reach close to 4,500 providers. The campaign provides resources such as coloring books, recipes, posters and magnets to ECE providers to share with the local community. Through the campaign, providers can take a voluntary online pledge stating they are committed to help make kids in Kansas healthier through making a few changes in their programs. As part of efforts to improve healthy environments for children birth to five, CCAKS developed a provider toolkit. The toolkit uses the ABC's of a Healthy Me[35] framework as a call to action for ECE providers to improve wellness in their program.

Challenges to Integration

One of the largest challenges for CCAKS has been coordinating activities and measuring progress in the many ECE and childhood obesity prevention initiatives happening throughout the state. CCAKS has been able to connect with private and public partners to do ECE work, but there were also other community initiatives targeting the ECE audience. Other challenges included working with a wide variety of programs, including center based programs and family child care homes, in both rural and urban settings.

Lessons Learned

A large factor in the success of integration work has been the ability to get foundations interested in funding ECE/HEPA work. These additional efforts led to:

Expanding Step It Up: Taking Steps to Healthy Success to Family Child Care Homes

In Kansas, 20% of licensed child care is in family child care.[36] Although family child care providers constitute the majority of the child care community, lower amounts of resources and technical assistance opportunities are available. The General Mills Foundation, through a grant from Nemours Children's Health System, and the Health Care Foundation of Greater Kansas City jointly provided funding to CCAKS to expand the ECELC project to these providers. CCAKS used the learning collaborative to build a stronger network among family child care providers. Additional support was provided by adapting and customizing the ECELC curriculum to enhance content learning. During implementation (fall 2014 to spring 2016) the initiative reached 45 family child care providers. CCAKS and funders partnered with Gretchen Swanson Center for Nutrition (GSCN) to evaluate Step it Up with family child care providers. The evaluation provided important information about strategies to support family child care providers and identified the needs of the community. CCAKS continues to expand its support for family child care providers by partnering with local agencies, including Children's Mercy Hospital, Kansas Action for Children, CACFP, CCR&R regional offices, American Heart Association, Kansas Extension office to strengthen opportunities for family child care providers.

1305

CCAKS is working with the Kansas Department of Health and Environment (KDHE), Health Promotion to support them with meeting their 1305 physical activity goals for early childhood programs. In 2015, Kansas 1305 funds supported an analysis of Go NAP SACC data of child care providers participating in Early Childhood Wellness Quality Initiatives. In 2016, the funds will be used to support the ECELC collaboratives by funding the physical activity training portion as well as technical assistance and the purchasing of Kaplan activity kits.

In Kansas, it has been critical to identify whether an individual ECE programs is ready to engage in a program improvement effort. CCAKS learned that programs may WANT to participate in National ECELC but for a myriad of reasons aren't ready to make changes. Trainers in Kansas learned that often ECE providers are engaged in other initiatives (i.e. QRIS), are struggling with staffing changes, are under new management or simply do not have the bandwidth to support making changes. Spending time trying to engage these programs and pushing them to make progress may not be a good use of resources. CCAKS is interested in seeing a readiness tool developed to help programs like National ECELC better select ECE programs to participate given the voluntary nature and limited resources.

One of the challenges to working with and relying on Child Care Resource and Referral (CCR&R) at the state level is funding. A majority of the CCR&Rs revenue come from CCDF funds, which can make work with ECE and HEPA complicated if funding levels change. In Kansas, the Infant and Toddler Network contract was awarded to a new entity. This change greatly reduced the capacity of CCAKS to work with trainers on HEPA and reduced their reach in providing quality initiatives to programs and providers. While the majority of financial support to CCAKS comes from CCDF, they do encourage their CCR&Rs to seek private partnerships and blend funding partners in order to enhance their work improvements.

Glossary of Key Terms

1. ***Child Care Aware® of Kansas (CCAKS)*** – State Implementing Partner of ECELC in Kansas
2. ***Kansas Department of Health and Environment (KDHE)*** – houses the Kansas Division of Public Health

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. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
11. The ECELC curriculum uses The ABC's of a Healthy Me framework to increase understanding of HEPA best practices with five key messages: healthy beverages, limiting screen time, promotion of breastfeeding, increasing physical activity and healthy eating habits.
12. http://www.kdheks.gov/bcclr/facilities/FY2016_Total_Facility_Count_&_Capacity.pdf

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