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

North-Central Florida Case Study

Nemours. Children's Health System

September 2018

Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement to support childhood obesity prevention in early care and education settings. The views expressed in written materials or publications does not necessarily reflect the official policies of the Department of Health and Human Services nor does the mention of trade names, commercial practices or organizations employ endorsement by the U.S. Government.

Thanks to the following authors for their contributions to the case studies:

Kevin Cataldo
Katey Halaz
Alex Hyman
Roshelle Payes
Kelly Schaffer
Julie Shuell

Thanks to the following who shared their feedback, provided comments, and offered feedback on the case studies:

Caliste Chong, Julie Odom &Gail Piggot, Alabama Partnership for Children
Bonnie Williams, Arizona Department of Health Services
Meredith Reynolds, CDC
Christi Smith and Leadell Ediger, Child Care Aware of Kansas
Beth Ann Lang & Jessica Rose-Malm, Child Care Aware of Missouri
Wil Ayala & Pam Hollingsworth, Early Learning Coalition of Miami, Dade and Monroe Counties
Marta Fetterman, Early Learning Indiana
Rebekah Duchette, Kentucky Cabinet for Health & Family Services
Juliet Jones & Peri Nearon, New Jersey Department of Health
Emily Keenum & Kathy Glazer, Virginia Early Childhood Foundation

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.

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.

North/Central Florida
Implementation Partner: Nemours Children's Health System
CDC Spectrum of Opportunity Case Study

Participation in National ECELC: 2013-2018

ECE programs trained[10]: 348

Children served by trained programs: 29, 043

Spectrum of Opportunities areas of focus:

- ***Pre-service and Professional Development*** —Aligned ECELC with state requirements to award in-service hours and CEUs to participating ECE programs/staff
- ***Statewide Recognition and Intervention Programs*** —Created and launched a Statewide Early Care and Education Recognition and Intervention Program.
- ***ECE Funding Streams*** —Collaborated with Head Start programs to understand their unique needs and modify the ECELC model to support Head Start programs' full participation in the ECELC project.

Setting the Stage

Nemours identified Florida as a state partner in 2013 during the development of the National ECELC proposal to the Centers for Disease Control and Prevention (CDC). Florida had high preschool overweight and obesity rates, large numbers of early care and education (ECE) programs, and existing efforts by Nemours' Florida Prevention Initiative to prevent childhood obesity via ECE settings. Additionally, with Nemours' large clinical presence in Florida there was a unique opportunity to leverage the organization's reach. Thus, Nemours Children's Health System undertook responsibilities to serve as the Implementation Partner for North/Central Florida. The North/Central Florida ECELC model provides Nemours National Office of Policy and Prevention with on-the-ground opportunities to learn firsthand what is working and what may not be working within the ECELC model. It also allowed Nemours to leverage partnerships and resources to enhance the success of implementation in North/Central Florida, further described in the sections that follow.

Did you know?

In Florida, among low-income children aged 2 years to 5 years old, 14.8% are overweight and 13.4% are obese.

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

State Efforts Addressing Childhood Obesity

Florida Department of Children and Families (DCF) offers HEPA training for ECE programs through its PREVENT Obesity initiative.[11] This training provides ECE programs with education on best practices and tools to support program improvements related to nutrition, physical activity and screen time. The training provided through PREVENT Obesity is available for free to ECE programs in Florida and is available on demand online. It is a one-time 2-hour training, and participants can earn up to 2.0 in-service hours for participation.

The Florida Department of Health (DOH) supports baby-friendly worksite initiatives and safe routes to school. The baby-friendly worksite initiative aims to increase breastfeeding-friendly environments (including schools and state agencies) and support the inclusion of breastfeeding in employee wellness policies. Through the Safe Routes to School initiative, Florida DOH provides training materials and funding for communities to create safe routes for children traveling to school.

Florida DOH is also the administrator of the state's 1305 funding, a portion of which has been allocated to support National ECELC project implementation in North/Central Florida (via a grant to Nemours and described further in the sections that follow). Through this funding, Nemours also developed a webinar for DOH staff members statewide to enhance their knowledge and ability to support ECE programs' achievement of HEPA best practices. The webinar was completed in December 2016 and focuses on strategies to engage local stakeholders to coordinate support for ECE providers in each county.

In the private sector, FLIPANY (Florida Introduces Physical Activity and Nutrition to Youth), established in 2005, promotes nutrition and physical education programs. The organization focuses primarily on "healthy food preparation, food security, physical education, and worksite wellness."[12] FLIPANY provides a wide range of programs, including training to ECE and after school programs, interventions with children and families, parent/child classes, and cooking demonstrations. Since 2005 FLIPANY has trained approximately 550 child care providers who receive in-service hours for participation.

In 2013, Florida stakeholders, including Nemours, participated in Florida's Pioneering Healthier Communities, led by the YMCA of the USA (Y-USA) and supported by the Robert Wood Johnson Foundation. The initiative brought together public and private stakeholders and community leaders to promote HEPA best practices statewide. Y-USA provided funding and technical assistance throughout the project. However, after two years of convening (in September 2015) funding for the initiative was no longer available and the group ceased to move forward. The work of the group culminated with a statewide HEPA Summit hosted by Florida's Park and Recreation Association and attended by 200 participants.

Finally, between 2000 and 2013, the University of Miami School of Medicine conducted a randomized control trial, funded by USDA, called Healthy Caregivers/ Healthy Children. The project included a curriculum focusing on healthy food choices, increased exercise, and role modeling. The program targets food policy changes throughout the school, and via the child, caregiver, and teacher. In 2015-2016, the project was expanded to focus on training Miami's Quality Rating and Improvement staff. Both projects have shown effective in affecting children in child care as compared to a control group.

TIMELINE

2012
- Florida updated early learning and VPK standards to include a health/wellness component

2013
- North/Central Florida selected to join National ECELC project and first cohort launched

2014
- CDC 1305 funds used to launch collaborative in Big Bend region
- Second cohort of National ECELC implemented

2015
- Third cohort of National ECELC implemented

2016
- Fourth cohort of National ECELC implemented
- FLA DOH begins exploring a statewide HEPA recognitions system for ECE.

2017
- Fifth cohort of National ECELC Implemented
- Continued work in creating a statewide HEPA recognition system for ECE.

2018
- Sixth cohort of National ECELC Implemented
- Launched Florida's Statewide ECE Recognition Program.

State Efforts to Improve Early Care and Education

Florida DCF licenses child care centers in 62 of the 67 counties in Florida (if a county's licensing standards meet/ exceed those set by DCF then they may administer their own licensing programs). DCF also houses the Florida Child Care Professional Credential Training Program, a comprehensive training program for ECE providers that helps them meet professional criteria required by the department per licensing regulations. The training includes at least 120 hours of early childhood instruction and 480 contact hours with young children, leading to a professional certification in either "Birth through Five" or "School Age." DCF-approved training providers offer trainings throughout the state.[13]

The Florida Office of Early Learning (OEL), a division of the Florida Department of Education, oversees the operation of statewide early learning programs and administers federal and state child care funds. OEL further supports children, families, and ECE providers by providing 30 early learning coalitions (ELCs) with CCDF funding to deliver services across the state. ELCs are non-profit organizations that may also partner with public and private entities to meet the needs of children and families.[14] Each year OEL contracts with the 30 local ELCs and allocates funding based on the number of children and ECE programs in each county for ELCs to deliver services locally. Each ELC provides state and county-specific training and administers county-specific programs (e.g., QRIS). Additionally, ELCs help to provide access to high-quality ECE services for children in each county by connecting parents with information, assisting with enrollment into child care and Florida's Voluntary Prekindergarten (VPK) program and administering child care subsidies. The ELCs partner with parents, ECE providers, and public and private community stakeholders to build a strong foundation for Florida's youngest children.

Statewide strategies for best practices in healthy eating and physical activity (HEPA) are limited in Florida's 2016-2018 CCDF plan. The U.S. Department of Health and Human Services requires each state to have a written plan for ECE programs to have professional development opportunities with physical activity and child nutrition. OEL is minimally meeting this requirement by offering a 3-hour instructor-led training and a 5-hour online training related to the Florida Early Learning and Developmental Standards. The training provides an overview of how the Florida Early Learning and Developmental Standards can be used to support implementing developmentally appropriate practices. As stated in the CCDF plan, the training promotes the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity.[15]

Gold Seal Quality Care Program, established by the Florida Legislature in 1996 and overseen by DCF, acknowledges ECE programs, including family child care homes, that are "accredited by nationally recognized agencies and whose standards reflect quality in the level of care and supervision provided to children."[16] ECE programs that earn the Gold Seal designation and are participating in the state subsidized child care program receive a higher per child reimbursement rate than providers that have not earned the designation. The Gold Seal program serves as an incentive for ECE programs to achieve accreditation and provides increased funds to help them maintain quality services.

In 2013, during the launch of the National ECELC in Florida, there was a county-level approach for Quality Rating and Improvement System (QRIS) with several counties having their own locally designed systems. The QRIS in Duval County was "Guiding Stars of Duval." While Guiding Stars did not include HEPA criteria, ECE programs that successfully completed participation in the National ECELC project earned a bonus point toward their Guiding Stars rating. Similarly, in 2014 of implementation of the collaboratives, Orange County Early Learning Coalition established a QRIS, "Quality Stars." ECE programs from Orange County were able to earn bonus points toward their "Quality Stars" score for completing the National ECELC project. There were no other QRIS in place in North/Central Florida.

Establishing a Path to Success—A Plan for Integration

The integration activities in North/Central Florida were driven by regional opportunities and relationships built with the Florida DOH. North/Central Florida has worked in multiple of the areas of the CDC Spectrum of Opportunity, though the focus has been predominately in two areas.

1. Utilize 1305 to support **Statewide Recognition and Intervention Programs** in launching Florida's Statewide ECE Recognition Program.
2. Explore **ECE Funding Streams** with Head Start grantees in North/Central Florida.

Nemours convened a stakeholder group of state partners in 2013, during the first year of implementation of the learning collaboratives in North/Central Florida, to provide information about start-up activities and garner input and support for the National ECELC project. The stakeholder group for North/Central Florida did not continue beyond the first implementation year, though the partnerships resulting from initial stakeholder meetings proved valuable throughout the project.

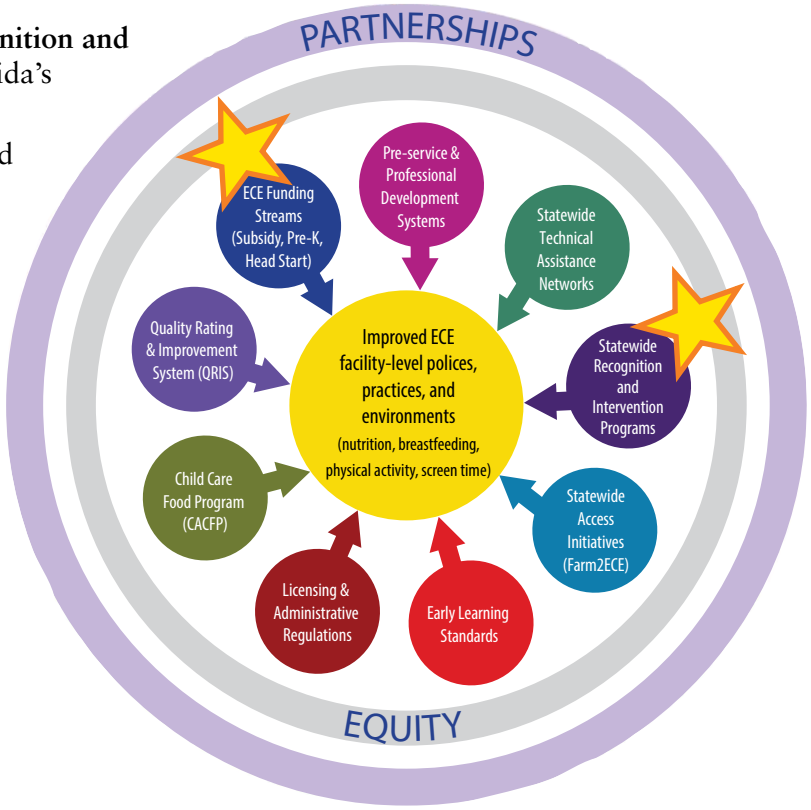

Figure 3: State Areas of Focus within the CDC Spectrum of Opportunities (2.0)

Integration Activities

STATEWIDE RECOGNITION AND INTERVENTION PROGRAMS

In the first year of the National ECELC in North/Central Florida, Florida DOH Chronic Disease and Prevention approached Nemours with an interest in partnering to expand the reach of the National ECELC project. DOH offered to provide a portion of the state's CDC 1305 funds for this purpose. Florida DOH became aware of the National ECELC project in Florida through informational meetings at which the ECELC Project Coordinator presented about the learning collaborative model. A four-year agreement ($103,900 per year) was established between Nemours and DOH. The first two years of funding supported learning collaboratives for the Big Bend region of Florida, a rural area with limited resources and trainings for ECE programs. From 2014-2016 the Big Bend learning collaboratives provided over 30 rural ECE programs—both center-based and family child care—with an opportunity to participate in the National ECELC project.

The Big Bend learning collaborative was the first time the National ECELC project served rural programs and family child care providers. Implementation provided an opportunity for Nemours test the model with a new provider type and gather input to inform future implementation in rural settings. Many programs participating in the Big Bend learning collaborative traveled 1-2 hours to attend learning sessions. Of particular value was the opportunity for these providers to not only receive training and earn CEUs and in-service hours, but also network with other providers throughout their participation. Given the remote location of many of the participants, the ECELC project provided a new way for providers to come together, learn and reflect, and make changes in their programs.

Factors for Success in Florida

- Nemours strong reputation in North/Central Florida
- Nemours Project Coordinator's successful relationship building
- County stakeholders' support of the National ECELC project
- Additional funding opportunities for expansion of ECELC
- Working with Head Start grantees can be a support to sustainability as their administrative staff serve many sites over many years

With its third year of DOH funding Nemours was focused on enhancing support for ECE providers and building knowledge within state systems. Nemours developed a webinar for DOH staff members statewide to enhance their knowledge and ability to support ECE programs' achievement of HEPA best practices. The webinar also focused on strategies to engage local stakeholders to coordinate support for ECE providers in each county. The DOH funding is also used to re-engage the programs that participated in the first two years of learning collaboratives in the Big Bend region. ECE programs received individualized technical assistance to continue to support their work toward achievement of HEPA best practices. To help expand the reach of HEPA trainings, Nemours provided four webinars that addressed HEPA best practices and was provided to ECE providers across Florida.

The Florida Department of Health's Chronic Disease and Prevention Department in partnership with Nemours and the Health Council of Southeast Florida, created and launched a Statewide Early Childhood Education Recognition Program via the DOH CDC 1305 funds. The recognition program celebrates ECE programs that prioritize healthy eating and physical activity best practices. Nemours re-engaged many of the state stakeholders from the initial 2013 stakeholder implementation meeting to participate on the statewide recognition committee. In June 2018, the Florida Department of Health, with support from Nemours, launched the first statewide recognition program in Florida for ECE programs. The program provides participating ECE programs with access to best practice trainings, free resources to support meeting best practices, and recognition on the Florida Statewide ECE Recognition Program website.

ECE FUNDING STREAMS

During the three years of implementation of the National ECELC in North/Central Florida, strong partnerships were developed with many Head Start (HS) and Early Head Start (EHS) grantees. The HS/EHS grantee that provides EHS in Orange, Osceola, and Seminole counties, along with HS in Osceola and Seminole counties, participated in the first cohort of the National ECELC in North/Central Florida. This partnership provided a great learning opportunity for Nemours to determine what is the "best fit" for HS grantees participating in the National ECELC. For example, Nemours learned that for HS/EHS grantees a site-by-site approach to participation in the National ECELC did not provide for cohesive and sustainable changes in the individual HS sites. This is because administrative level staff (who oversee a number of individual HS/EHS sites under that are part of the agency) were not present for the collaborative. Thus, changes at individual sites were minimal and did carry over into policy changes for the grantee.

An alternative approach was developed for HS participants in the National ECELC. Individual HS site managers/teachers along with an individual from the grantee administration participate in the National ECELC as a team. This promotes buy-in at the HS site level as well as the administrative level to support sustainable changes in the HS programs. Since HS/EHS programs often set policies and procedures (e.g., curriculum, menu planning) at the grantee level, which then gets implemented at the site level, this approach would allow for a greater level of awareness about the importance of change at multiple levels and a coordinated approach for implementation of changes.

With the lessons learned from the implementation of the National ECELC project with HS grantees in the first cohort, Nemours partnered with Orange County Head Start in year 2. Nemours and Orange County Head Start developed a Memorandum of Understanding (MOU) outlining specific requirements to support Orange County Head Start's participation in the National ECELC. For example, the leadership team had representatives from the administration (i.e., Health Specialist, Education Specialist, Nutritionist, etc.) and a staff member from each of its 20 HS sites. This formed a cohesive opportunity for learning and helped enable each HS site to make healthy changes in their sites. Changes were made at the administrative level, with Orange County Head Start establishing countywide policies on screen time policies that would impact Head Start sites across Orange County.

In addition, healthy changes were made by the 20 HS sites, with each developing a garden to support sustainable healthy changes for the children and families served by this grantee. This was made possible through a partnership between Cooperative Extension and Orange County Head Start, which grew out of Nemours inviting Cooperative Extension to a learning session. Cooperative Extension provided a volunteer master gardener to each of the 20 HS sites, assisted with maintenance of the gardens and developed a curriculum for implementation with children. This partnership provided a sustainable, long-term strategy for site-level changes at each of the Orange County Head Start sites.

Challenges to Integration

The first challenge for Florida is its county-by-county administration of ECE systems making it difficult for the National ECELC to influence state-level systems. The differences that exist from one county to the next create challenges to efficiently collaborate with stakeholders, as each county is working within a different set of priorities and programs. An example of this is QRIS, which is local and not statewide. This poses challenges regarding the integration of HEPA best practices for sustainable and far-reaching success. For example, across the North/Central Florida counties, the only county Duval had an established QRIS at the time of initial implementation of the National ECELC project. During stakeholder meetings in Duval County it was determined that the ELC in that county would award bonus points to ECE programs that successfully completed the learning collaborative. Since the other North/Central Florida counties did not have a QRIS, a similar incentive could not be offered to participants from those counties. Influencing systems-level change in a regionally and local-driven context makes it difficult to integrate HEPA best practices and opportunities that will impact ECE providers statewide. Additionally, Florida DCF has not identified it a priority to create increased emphasis on HEPA best practices, so there is no guidance from the state level encouraging counties to focus on these areas in a coordinated way.

Without a cohesive approach for statewide stakeholder groups it has been difficult to establish a coordinated approach for integration. With the intersection of ECE and childhood obesity prevention, there is a strong need for coordinating agencies to be strategic about the convening and use of a stakeholder group to support the integration of HEPA best practices into systems. The stakeholder group will need concrete areas of focus for which they can provide insight and recommendations, and will also need to be kept aware of all state level activities to ensure a coordination approach for planning and integration.

Understanding and working within various county specific initiatives, training structures, and regulations requires a substantial amount of information gathering and coordination with stakeholders. A key factor for success has been building professional relationships with the many individual partners within ELCs. Building relationships takes time, and although a challenge at the beginning, it helps to build success in the long-term.

Lessons Learned

Despite its role administering funding to the ELCs, Florida OEL has not leveraged opportunities to enhance statewide system change regarding HEPA best practices. OEL focuses mainly on school readiness and literacy as a threshold for children's success, and has not targeted HEPA as a core focus area. Moving forward, Nemours and stakeholders may consider collaborating with non-governmental statewide organizations such as the Florida Association of Early Learning Coalitions (AELC) to explore more coordinated work in this area. Florida AELC provides resources and support to ELC executive directors, and the AELC infrastructure could serve as a means to convene and communicate with ELCs. This approach might help to bridge regional-based implementation into a coordinated system for HEPA improvements statewide.

It will be important for stakeholders to remain informed about state-level proposals and plans as they align and integrate local and county effort, and to help advocate for deepening the commitment to supporting HEPA best practices on the state level. Taking successes and lessons learned from North/Central Florida's regional implementation could be an important advocacy tool for change statewide.

Finally, particularly with the intersection of ECE and childhood obesity prevention, there is a strong need for coordinating agencies to be strategic about the convening and use of a stakeholder group to support the integration of HEPA best practices into systems. The stakeholder group will need concrete areas of focus for which they can provide insight and recommendations, and will also need to be kept aware of all state level activities to ensure a coordination approach for planning and integration. With clear and consistent messaging from the state level about the importance of HEPA topics, local and county administrators may more easily align efforts to support children's healthy development.

Glossary of Key Terms

1. ***Early Learning Coalition (ELC)*** – A county level entity that provides training, subsidy administration and information to ECE programs, parents and stakeholders in the community.
2. ***Florida Department of Children and Families (DCF)*** – The Florida state agency overseeing child care licensing and training requirements for ECE providers.
3. ***Florida Office of Early Learning (OEL)*** – The Florida state agency overseeing the 30 county early learning coalitions
4. ***Florida Department of Health (DOH)*** – The Florida state agency overseeing chronic prevention and disease.

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. http://www.myflfamilies.com/service-programs/child-care/prevent-obesity
12. http://flipany.org
13. http://www.myflfamilies.com/service-programs/child-care/fccpc
14. http://www.floridaearlylearning.com/coalitions.aspx
15. http://www.floridaearlylearning.com/sites/www/Uploads/14-Draft-FY2016-2018%20CCDF%20Plan%20Preprint%20%2012-17-15_final_markup_SC_Comments_CLEAN_PDF_ADA.pdf
16. http://www.myflfamilies.com/service-programs/child-care/goldseal

Nemours.org