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

Quality Rating & Improvement Systems

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.

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

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

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

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

CDC *Spectrum of Opportunities*

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

National Efforts and Factors for Integration

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

Figure 2: CDC *Spectrum of Opportunities* (2.0)

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

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

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

Integration Highlights: *Quality Rating & Improvement Systems*

A Quality Rating and Improvement System (QRIS) is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and programs[10]. QRIS are often managed at the state level, and are defined by a recognizable set of criteria that and rating system that is used to define how well early care and education (ECE) programs are meeting established quality standards.

As defined in *The Spectrum of Opportunities Framework for State-Level Obesity Prevention Efforts Targeting the Early Care and Education Setting*,[11] there are six primary strategies to incorporate obesity prevention into QRIS:

1. **Include obesity prevention standards**
2. Require/support **assessments of policies and practices**
3. Require/support **action planning**
4. **Strengthen expertise of QRIS coaches/TA providers**
5. **Offer incentives** to support implementing obesity prevention strategies
6. **Update training and education requirements**

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

Among the 10 states/regions participating in the National Early Care and Education Learning Collaborative (ECELC) project from 2013-2017, five have focused on QRIS as one of their primary strategies to integrate obesity prevention into state systems; ***Indiana, Kansas, Los Angeles, CA, New Jersey and South Florida***. Highlights of these states' efforts are provided below, and additional detail is available in each state's *Case Study for Integrating Obesity Prevention into State ECE Systems*.

Indiana, Kansas, Los Angeles, CA, New Jersey and South Florida's QRIS-related integration activities fall into three main categories: standards, assessment, and technical assistance, aligning with strategies 1 through 3 identified above.

Indiana:

Inclusion of Healthy Eating and Physical Activity (HEPA) Standards in Revised QRIS

Revising Indiana's QRIS, Paths to QUALITY, into a more robust system with revised standards has been a focus of state ECE stakeholders in recent years, and is in the CCDF 2016-2018 state plan with a goal to complete revisions by 2019. In addition, Indiana's Comprehensive Nutrition & Physical Activity Plan, 2010-2020 has a goal of integrating HEPA into to Paths to QUALITY. Indiana's Early Learning Advisory Committee (ELAC), Child Development and Well-Being Workgroup, on which early learning and public health stakeholders serve, has been instrumental in providing information and guidance to inform the inclusion of healthy eating and physical activity standards in Paths to QUALITY.

Although broader system level change related to QRIS has not yet been achieved, the focus remains at the forefront for Indiana stakeholders committed to children's health and wellness. Stakeholders continue to work within the pace and changes in leadership at the state level to maintain momentum toward improvements to Paths to QUALITY, a strategy to ensure the longevity of HEPA topics as a part of the fabric of the ECE system in Indiana.

Kansas:

Planning to Integrate HEPA Standards in QRIS Development and Providing Technical Assistance for the Achievement of HEPA Practices

Kansas is in the initial stages of developing a QRIS. Child Care Aware of Kansas (CCAKS), Nemours state implementation partner, and stakeholders hope to integrate standards related to HEPA into the Kansas Quality Rating and Improvement System (KQRIS) and have put supports in place to work toward this goal. The Kansas Department of Health and Environment hired a QRIS state coordinator to support development, but progress toward completion of KQRIS has been slow. In Winter 2016, Kansas launched a pilot QRIS project, targeting five ECE programs. CCAKS was awarded a contract to provide technical assistance (TA) services in support of KQRIS to a small group of ECE providers. A trainer from the ECELC project was selected to provide coaching and oversight of the TA and incorporate best practices of healthy eating and physical activity, providing a connection between CCAKS, ECELC work and the future reach of KQRIS. This connection allows for consistent messaging and the ability to ensure HEPA best practices are included in KQRIS TA.

Los Angeles, California:

Collaboration with Partners to Develop Countywide QRIS with HEPA Standards and Supports

From 2013-2015 there were two local QRIS operating in Los Angeles County, one run by the LA Office of Child Care (LA OCC) and the other by LA Universal Preschool (LAUP). LA OCC subcontracted with Child Care Aware of Los Angeles (CCALA), Nemours' local partner, to provide QRIS coaching services to participating providers. Then, in 2015, the California Department of Education released a grant addressing QRIS in preschool sites. They chose to only fund one QRIS system for LA County, and a partnership was formed between LA OCC, LAUP, and CCALA and the group began to migrate into a new unified QRIS, Quality Start Los Angeles (QSLA). CCALA and LAUP remain coaching partners for QSLA, and are working with the QSLA Leadership Team to towards program consistency.

Additionally, funding is provided through the California State Preschool Program Block Grant for QRIS for parent training. CCALA provides obesity prevention best practices training for parents through this grant. They are conducting a needs assessment among parents of children in CA State Preschool and will develop other nutrition/physical activity trainings according to the results, tied to the QRIS.

As QSLA partners look to expand QRIS, the group will be conducting learning journeys, studying best practices, and figuring out a system that will work within a county as diverse as Los Angeles. CCALA is a member on a 'QRIS Architects' committee overseeing development and continues to work to ensure that HEPA best practices are incorporated in the new QRIS for LA County, which is expected to move to pilot in fall 2017.

New Jersey:

Integration of HEPA-focused Self-Assessment and Training for Technical Assistants

In 2015, when New Jersey's QRIS was growing as a result of federal Race to the Top – Early Learning Challenge funding, the New Jersey Department of Health (NJDOH) took the opportunity to advocate for inclusion of HEPA into the system. In that same time period, NJ Department of Human Services, Division of Family Development (DFD), lead for Grow NJ Kids, led a stakeholder group for the development of a Grow NJ Kids Self-Assessment Tool. The group was comprised of a number of key stakeholders, including the National ECELC Project Coordinator from NHDOH. Through this stakeholder group NJDOH staff were able to directly communicate their support of HEPA best practices and the inclusion in the standards. NJDOH was successful in adding the Let's Move! Child Care (LMCC) Checklist to the enrollment packet required for ECE programs to participate in Grow NJ Kids.

The Grow NJ Kids enrollment packet includes an application and self-assessment tools for providers to use to establish a baseline in various program improvement areas. After an ECE center director/owner completes the LMCC Self-Assessment, they work with their assigned Child Care Resource and Referral (CCR&R) Quality Improvement Specialist (QIS) to decide on best practice goals they wish to work on. All programs submit their LMCC Technical Assistance (TA) Tool to the evaluators at the time of their formal assessment. NJDOH is collecting LMCC pre and post TA Tools for enrolled Grow NJ Kids programs working with a CCR&R QIS staff. The gathering and assessment of the LMCC Checklists will also allow the Project Coordinator to summarize trends and plan relevant training state-wide.

In 2015, the Nemours' local implementation partner, Early Learning Coalition of Miami-Dade/Monroe, coordinated with the QRIS administrator to plan for the integration of health and wellness into Quality Counts, South Florida's QRIS. Planning discussions are ongoing and Health & Wellness will be added to Quality Count's Supplemental Guidelines for Quality Improvement (voluntary, best practice recommendations)[12] when Quality Counts launches its revised standards in late 2017.

To leverage QRIS and integrate health and wellness into Quality Counts in the meantime, the ECELC project coordinator identified opportunities to train and provide resources to Quality Counts Quality Improvement Specialists (QIS), as well as participating Quality Counts centers, on HEPA topics. Private grant funding is being leveraged to train Quality Counts QIS staff on how to observe and report whether Quality Counts centers are engaging their preschoolers in 60 minutes of daily structured physical activity and providing healthy nutrition. Beginning in spring 2017 these trained QIS will monitor, assess and refer centers for additional training related to structured physical activity.

REFERENCES FOR: *National Early Care and Education Learning Collaboratives (ECELC) Integration of Childhood Obesity Prevention into State/Local ECE Systems & Quality Rating & Improvement Systems*

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 Alabama, 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. 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. 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.
5. 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.).
6. 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/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf***
7. ***https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program***
8. ***https://www.acf.hhs.gov/occ/fact-sheet-occ***
9. ***https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/past-program.html***
10. Administration for Children and Families, QRIS Resource Guide: ***https://qrisguide.acf.hhs.gov***
11. *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (ECE),* CDC Technical Assistance Briefing Document: ***https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf***
12. Currently, the Supplemental Guidelines address only Health & Safety, Ratio & Group Size, and Program Administration.

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