

DNPAO State Program Early Care and Education Highlights



The Centers for Disease Control and Prevention (CDC) and state health departments collaborate on a number of areas to prevent and control obesity and other chronic diseases. These areas include nutrition, physical activity, and breastfeeding. These highlights focus on state health departments' coordinated efforts to put into action strategies that encourage improving the health of children in the early care and education (ECE) setting.

In 2010, CDC's division of Nutrition, Physical Activity, and Obesity developed a framework and set of guidance materials to assist states in supporting ECE facilities to meet national obesity prevention standards. The framework, known as the [Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting](#), identifies how obesity prevention standards can be embedded into components of a state's ECE system. These stories showcase successful state efforts along the Spectrum.

The states were selected because their efforts include

- **Comprehensive Change**—activities enable the alteration of broader societal trends and support existing or provide more opportunities to improve health in ECE settings.
- **Collaboration**—state health departments play a major role in working with partners or local communities to move activities forward.
- **Significant Reach**—activities have the potential to affect a large proportion of the intended target population.
- **Replicability/Transportability**—activities can be duplicated and similar effects be achieved by other similar entities.
- **Potential for Sustainability**—activities and effects can endure without continued financial and programmatic investment.

Creating Healthier Early Child Care and Education Environments in Maryland Through Collaboration

The Maryland Department of Health and Mental Hygiene's (DHMH) statewide efforts to support healthier environments in the ECE setting are guided by CDC's Spectrum of Opportunities. Using the Spectrum as a road map, they reached out to key state stakeholders in charge of state licensing, the Quality Rating and Improvement System (QRIS), professional development and TA. DHMH has improved nutrition, physical activity, screen time, and breastfeeding policies in ECE environments through collaboration with the Maryland State Department of Education (MSDE)—the agency responsible for child care licensing in Maryland—and other partners such as the University of Maryland Extension, and the Maryland Family Network.

Over the years, collaboration with these stakeholders has allowed Maryland to align state efforts across multiple agencies to support the *Caring for Our Children* national ECE obesity prevention standards. Recently MSDE's Office of Child Care proposed changes to Maryland's child care licensing regulations for screen time, nutrition,



and food served, affecting nearly 220,000 children who attend licensed ECE facilities. DHMH's collaboration with the MSDE Office of Child Care supported embedding the *Let's Move Child Care (LMCC) Checklist Quiz* and the *LMCC Action Plan* into the state's QRIS, Maryland EXCELS, as an additional achievement for health and wellness. To help foster sustainable improvements to ECE facilities, DHMH created professional development and TA support for ECE providers throughout the state. The statewide dissemination of LMCC goals and best practices was spearheaded by DHMH's partnership with the University of Maryland Extension (UME). DHMH and UME developed standardized training materials for use by local health departments and extension educators at statewide and community trainings. As a result, more than 1,000 child care providers have completed in-person or online training on LMCC goals and best practices.

Through these efforts, Maryland has created healthier ECE environments and sustainable state level changes by embedding obesity prevention into Maryland's ECE system.

Here are some lessons they learned along the way.

- **Collaborate with key stakeholders.** DHMH engaged with partners such as MSDE and the University of Maryland Extension to support changes to licensing regulations and provide professional development and TA. These collaborations helped leverage resources and expertise to improve ECE environments.
- **Develop a statewide ECE tracking and reporting system.** Different surveillance methods for tracking and reporting on ECE trainings and TA needs provided information that varied across communities. This made statewide tracking challenging. To address this challenge, DHMH worked with partners to develop a statewide system tracking and reporting system. With this system in place, the health department can identify and focus on additional areas of need for the ECE setting.
- **Assess adherence to best practices in ECEs to determine areas of need.** A statewide survey of ECEs launched in partnership with the University of Maryland's School of Medicine and the MSDE Office of Child Care, provided DHMH with a detailed portrait of ECEs' adherence to best practices in nutrition, physical activity, and breastfeeding. Using survey results, DHMH learned Maryland's ECEs excel in some practices (98% of ECEs never have television or videos on during snack time, 86.7% never offer sugary drinks), but others remain areas of need (0.6% serve fat free milk, 11.1% have 60 minutes or more of adult-led play every day). They also found that ECEs participating in the Maryland EXCELS program and in the Child and Adult Care Food Program had higher rates of adherence to best practices. These findings are used to develop a guidance document for ECEs on best practices in nutrition, physical activity, and the wellness environment that include steps for putting wellness policies into action. The document will be disseminated statewide and paired with wellness trainings for ECE staff. A Child Care Wellness Conference will serve as a platform to present the survey findings and connect other interested stakeholders in the area.

DHMH sees the maintenance of their partnerships as essential for continuing ECE efforts and addressing gaps. They plan to continue to engage with partners to promote their efforts across ECE facilities and foster additional opportunities to improve ECE environments. In addition, DHMH plans to use information gathered from the statewide survey to develop reports regarding the ECE landscape in Maryland and highlight the effect of these wellness efforts for stakeholders interested in making similar changes.



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Using a Train-the-Trainer Approach to Provide Training and Technical Assistance to ECE Providers in Minnesota

The work of the Minnesota Department of Health (MDH) includes many areas in the Spectrum of Opportunities. MDH has focused extensively on training trainers to provide training and follow-up TA to ECE providers in their state. MDH chose to focus on this two-step approach because state health department staff discovered that ECE provider trainings alone were not enough to help ECE providers apply the concepts they were taught. The additional TA provided by MDH helps providers apply information they learned to carry out changes in their ECE facility and helps address implementation challenges.



Through the Statewide Health Improvement Program (SHIP), MDH funds local health departments to train and coach ECE providers to adopt best practices and policies related to healthy eating, physical activity, and support for breastfeeding in their programs. A key partner in this work is the state Child Care Resource & Referral agency (CCR&R), which is responsible for coordinating Trainings of Trainers (TOTs) for trainers who have been approved by the Minnesota Center for Professional Development. MDH has guided local public health staff through this approval process so they are eligible to participate in TOTs. The MDH and the CCR&R State Coordinating Office have jointly offered TOTs. During the initial years of the program, MDH developed and tested a low cost facility level training, the Learning About Nutrition through Activities (LANA) curriculum. LANA was used for the nutrition trainings and the Head Start I Am Moving, I Am Learning approach was used for the physical

activity trainings. Since then in cooperation with CCR&R, MDH has been instrumental in coordinating trainings for both local health department professionals and other early childhood trainers for nutrition, physical activity, and breastfeeding support. In some cases, MDH funding has made it possible to bring in experts to provide TOTs for previously unavailable health-related curricula, thus increasing the number and range of trainings available to all child care providers in the state, not just those participating in SHIP.

In addition to delivering training to ECE providers, trainers are required to offer additional TA to the providers to help them change their practices and their policies. TA helps providers to complete environmental assessments, create action plans, overcome barriers they encounter as they try to put new practices into action, write their new practices into policies to be shared with parents, and reassess their practices and policies to see quality improvement. MDH has assisted local public health staff in this process by providing them with guidance, resources, and tools. MDH has informed them about various models for providing TA, including e-mails, phone calls, phone calls followed up with e-mails, convening peer learning gatherings, and individual site visits. Each local public health agency has been assisted to create the TA model they will use based on their staff capacity, geographic distances, and other factors.

As a result of expanded training opportunities, hundreds of providers have been trained to apply nutrition, physical activity, and breastfeeding strategies within their ECE facilities. Follow-up TA and coaching has further enabled them to implement changes in their practices that improve the health and well-being of the children in their care. In 2014 alone—586 child care sites participated in varying combinations of trainings, 456 ECE sites participated in nutrition trainings, 460 participated in the physical activity trainings, and 431 participated in the breastfeeding trainings. All were offered TA after receiving each training. Numbers continue to grow as new providers attend trainings and participating providers are encouraged to attend trainings in the other behavior areas. Over the course of the last 6 years, all 87 counties and several tribes have received SHIP funding to work in ECE facilities. In addition, there has been an increasing emphasis on health equity. This includes encouragement of grantees to work with providers in family child care homes because many low income children in Minnesota are served in family child care settings. As a result of this emphasis on health equity more than 59% of ECE facilities that participated in the SHIP process served low-income families (2014 data).

MDH attributes the progress of its training and TA efforts to the following:

- **Collaborate with local health department staff.** MDH funds local health departments to train trainers to provide trainings and TA to ECE providers to improve their facilities. This train-the-trainer model allows MDH to reach more providers while maintaining the effectiveness of their trainings.
- **Engage with key partners to help coordinate and provide trainings.** MDH partnered with the state CCR&R to coordinate and offer TOTs to trainers, thus integrating their trainings into the existing early childhood professional development system ensured that child care providers would receive credit for their hours of training and eliminated any confusion that might result from a parallel training system.
- **Offer assistance and resources for an extended period of time after trainings.** The additional TA was offered to help increase the likelihood that improvements in practices will occur. MDH required local public health staff to continue to work with child care providers for a minimum of 6 months after each training before using a post-assessment to measure changes in practice and policy.
- **Make program materials available to trainers and ECE providers in a variety of formats and costs.** In order to address the needs of family child care home providers, who often have very limited budgets, MDH began posting LANA program materials online for free download—as well as supplying trainers with electronic versions of these materials to be printed as needed. A contract with an educational publisher makes it possible for ECE facilities with multiple classrooms or locations and a larger materials budget to purchase LANA ready-made kits.
- **Include curriculum materials and supporting resources in training budgets.** MDH encourages SHIP grantees who offer trainings to purchase training materials and supporting resources. They can supply this to the child care providers whom they train. This helps reduce costs placed on child care providers to participate in the trainings.



By adding approved trainers and a variety of new trainings to the state's existing early childhood professional development system, MDH was able to reach more ECE providers than it could have on its own. Making resources more readily available and ensuring that TA is offered allowed MDH to strengthen the effectiveness of its trainings. With the fourth round of SHIP grants, MDH aims to continue supporting improvements in child care program practices and policies through training and TA. A foundational level of training and support for new providers will be maintained while assisting existing providers to set new goals and engage in a cycle of continuous quality improvement.



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Enhancing ECE Professional Development Through Partnerships in Utah

In 2009 the Utah Department of Health (UDOH), recognized a need to pursue efforts for healthier ECE facilities. At the time collaboration around obesity prevention in ECE was lacking and UDOH reached out to potential partners. Through this process, it discovered that other state agencies and organizations were also interested in pursuing efforts to improve the health of children. UDOH brought these partners together and formed an advisory committee consisting of state and local partners to help guide the development and planning of a pilot program called Targeting Obesity in Preschools and Child Care Settings (TOP Star). This program is an ECE professional development training and TA program designed to help child care providers improve their nutrition and physical activity environments.

Working closely with three local health departments (LHDs) and the Office of Child Care, UDOH adapted five Nutrition and Physical Activity Self-Assessment for Child Care trainings and a training on breastfeeding from other state health departments. The modules focus on understanding the obesity epidemic, nutrition, physical activity, breastfeeding, personal health and wellness of the child care providers, and engaging with families to help encourage healthier behaviors. In addition, modules focus on helping child care providers implement best practices. Upon completion of the TOP Star training program providers receive professional development credits from the Utah Child Care Professional Development Institute (CCPDI). Child care providers can also receive TA from a LHD TOP Star consultant to improve nutrition and physical activity policies and practices in their ECE facility. When a facility demonstrates that nutrition, physical activity, screen time, and breastfeeding improvements are made—they are eligible to receive a TOP Star endorsement from their local health department and recognition on the UDOH website.



The Office of Child Care worked with CCPDI to have the TOP Star training approved for 10 hours of professional development credits. As a result, 329 child care providers received these credits during the 2-year- pilot. Initially the modules were taught only face-to-face by TOP Star consultants from 3 LHDs, but in 2012, UDOH developed the online version of the modules that child care providers can access independently. Once completed, the providers can enter their scores and download a certificate to be submitted to CCPDI for 5 hours of professional development credits. The lower number of credits is because the online version does not require as much time and removes the interaction with the TOP Star trainer.

Overall the TOP Star program has been well received with over 500 providers earning professional development credit for the training since 2011. In addition, nearly 50 ECE facilities across the state currently have an active TOP Star endorsement. UDOH attributes this reach to the following:

- **Engage LHD TOP Star consultants.** UDOH worked closely with local health departments to engage staff in TOP Star. LDH staff were key players in the advisory committee who helped inform the development of the program. The provision of their training and TA was instrumental to the success of the pilot program.
- **Collaborate with child care resource and referral agencies.** Nearly 1 year after TOP Star was developed, the 6 child care resource and referral agencies in Utah added the program to their schedules, allowing it to be more easily accessed by child care providers throughout the state.
- **Establish an advisory committee to bring together a diverse group of partners to inform program development and planning.** The advisory committee was a crucial starting point to develop and plan TOP Star. A process evaluation found that this advisory committee was a positive and mutually beneficial experience for the partners involved and that including diverse child care stakeholders strengthened the TOP Star program. The synergy created by working with multiple partners has helped UDOH address other opportunities in the Spectrum of Opportunities and the partners continue to meet quarterly as the Child Care Obesity Prevention Workgroup to sustain and support current ECE obesity prevention efforts within the state.



Planning and developing the TOP Star program has not been without setbacks. The online training has had intermittent technical issues that pose challenges for some users. UDOH is updating the online training and launching an online program that is not only user friendly, but also performs better. In addition, enrollment of providers in rural areas has been low. UDOH hopes to increase enrollment by developing a statewide communications plan to help providers learn about the program and help coordinate efforts among local health departments across the state. This helps UDOH be more effective when recruiting and enrolling child care providers because messages are consistent and word about the program can be better disseminated. Furthermore, they are also collecting information to learn more about specific barriers to enrollment and how to address them.

UDOH is working to overcome these challenges because it is committed to the improvement of the program. Sustainability beyond the pilot period was important to UDOH and the advisory committee. This is why they are not only working to improve the program, but working together to maintain funding and partnerships to support it. The popularity of the program coupled with federal funding has allowed it to expand to all 12 local health departments in Utah. Ongoing partnerships are helping maintain these efforts and UDOH looks forward to learning from and expanding its ECE efforts with the help of additional partners dedicated to this work.

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Creating Professional Development Modules for Early Care and Education Providers in Washington State

In collaboration with a host of state and local partners, the Healthy Eating Active Living Program at the Washington State Department of Health (WSDOH) works on many areas included in the Spectrum of Opportunities. One of the areas WSDOH has focused on is to increase the capacity of ECE providers to support healthier ECE environments through professional development.

To support the professional development of Washington ECE providers, WSDOH contracted with the University of Washington Center for Public Health Nutrition (CPHN) and other state and local ECE partners to develop three online, self-directed training modules for ECE providers. These modules focus on screen time, healthy eating, and physical activity. A fourth training module on breastfeeding support in ECE settings is currently being developed. All of the modules are accredited by the Department of Early Learning (DEL), the state agency that licenses center- and home-based child care providers. Providers who complete the modules can receive continuing education credits. The modules have been accessed by many ECE providers across the state. For example, 2211 ECE providers completed the Healthy Eating module between July 2013, and September 30, 2015. In addition, 1154 ECE providers completed the Physical Activity module between September 30, 2014, and September 30, 2015.

WSDOH credits their collaboration with CPHN as a key factor in the successful launch and ongoing maintenance of these online training modules. CPHN develops the module content, pilot tests each module



with ECE providers across the state, hosts the modules on the university server, promotes the modules on its [website](#), and evaluates the modules. The modules are based on content contained in Let's Move Child Care and also integrate input from subject matter experts and ECE professional development trainers and technical assistance consultants throughout Washington. The online format of the modules has several advantages. For example, it enables WSDOH and CPHN to make timely updates and enhancements to the trainings. Additionally, the online format provides a relatively low-cost and sustainable way to offer on-demand training to many providers in diverse geographic areas.

Through its ECE professional development work, WSDOH has learned lessons that include the following:

- **Work with partners who are trusted and recognized authorities on state nutrition policy and programs.** WSDOH collaborates with CPHN—a university-based research center and trusted public health nutrition authority. This partnership helps elevate the ECE setting as a priority area to address child nutrition and physical activity.
- **Leverage the resources of your ECE partners.** Another advantage of working with CPHN is that it comes with key resources. These include a major university's IT infrastructure and support to host the online modules. CPHN also has faculty and staff with the capacity and experience to execute and evaluate large projects. For example, for each training module, CPHN conducted rigorous pilot testing with ECE providers across the state. ECE provider feedback is used to optimize the trainings and helps the WSDOH ensure that the modules are appropriate and user-friendly.
- **Know what your state requires for accredited ECE provider training.** Washington has specific rules for what ECE provider trainings qualify as continuing education. WSDOH and CPHN developed training modules that aligned with other national modules, but were able to be certified by DEL so Washington providers can receive professional development credit.
- **Build a close relationship with the state agency that licenses ECE providers.** Historically, DEL did not consider child nutrition and physical activity as top agency priorities. Over the years, WSDOH and state and local partners and leaders have been working to change this by engaging DEL as new modules are developed and helping them understand why such areas should be prioritized through this work. As a result of such efforts, DEL has increased its support in these areas and recently launched a new webpage featuring key resources on nutrition, physical activity, and screen time for the ECE setting. DEL's support and backing of healthy eating and physical activity in ECE settings is important. DEL's initial promotion of the training modules led to an increase in the number of providers who took the training.

With lessons learned and partnerships staying strong, WSDOH is going to continue to champion ECE efforts. They look forward to launching their breastfeeding support module, enhancing their existing modules to meet the growing demands of new users and modes of technology, and developing new ECE provider training modules to help support the statewide prioritization child nutrition and physical activity.



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