

## ECE Pillar Workgroup SOS

Monday October 2, 2017

2:45pm – 4:05pm

Participants: ~ 20



**Facilitators:** CDC Early Care and Education Team, Division of Nutrition, Physical Activity, and Obesity

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### Introduction

CDC opened up the workgroup time describing how CDC addresses obesity prevention in early care and education and the framework we use to guide our work. CDC shared a very brief overview of the [CDC Spectrum of Opportunities to Prevent Obesity in Early Care and Education](#).

### Ice Breaker

We kicked off our discussion with an Ice Breaker. We led a dot activity where participants indicated their response to each of the 3 questions with a dot on the large, Spectrum of Opportunities poster. Participants were asked to write what state they were from. We asked participants,

Looking at CDC's Spectrum of Opportunities poster:

1. What is the opportunity you are working the most in? (place a red dot)
2. What area is your strongest partnership? (place a blue dot)
3. What area do you need the most resources? (place a yellow dot)

Here are the responses from that activity. (Note, there may have been multiple individuals from the same state. This is why you see multiple responses from the same state under each question.)

### **What is the opportunity you are working the most in?**

**Licensing and Administrative regulations:** None identified this as their top area

**Child and Adult Care Food Program:** 3 (FL, GA, SC)

**Quality Rating and Improvement System (QRIS):** None identified this as their top area

**Funding and Finance:** None identified this as their top area

**Pre-service and Professional Development:** 8 (WV, GA x 4, TX, CDC Consultant, Better Kid Care)

**Facility-Level Interventions:** 6 (MS, AL, WV x 2, LA, GA)

**Technical Assistance:** 1 (FL)

**Access to Healthy Environments:** 1 (GA)

**Early Learning Standards:** None identified this as their top area

**Emerging Opportunities:** None identified this as their top area

**What area is your strongest partnership?**

Licensing and Administrative regulations: 3 (GA, FL, MS)

Child and Adult Care Food Program: 1 (GA)

Quality Rating and Improvement System (QRIS): 2 (GA, SC)

Funding and Finance: None identified this as their strongest partnership

Pre-service and Professional Development: 2 (TX, GA)

Facility-Level Interventions:, 1 (AL)

Technical Assistance: 3 (WV, GA, and un-named dot)

Access to Healthy Environments: 3 (WV, GA, and un-named dot)

Early Learning Standards: None identified this as their strongest partnership

Emerging Opportunities: 1 (FL)

**What area do you need the most resources?**

Licensing and Administrative regulations: 1 (GA)

Child and Adult Care Food Program: None identified this area

Quality Rating and Improvement System (QRIS): 5 (FL, WV x 2, AL, 1 un-named dot)

Funding and Finance: 6 (Better Kid Care, Ga, TX, MS, 2 un-named dots)

Pre-service and Professional Development: none identified this area

Facility-Level Interventions: 1 (GA)

Technical Assistance: None identified this area

Access to Healthy Environments: 1 (GA)

Early Learning Standards: 1 (FL)

Emerging Opportunities: None identified this area

Family Engagement: 1 (GA)

**Facilitated Discussion**

The remainder of the time was spent in facilitated discussion. Participants were asked to self-select in to job-alike groups. There were 2 groups of participants that identified themselves as working on community-level work; There was 1 group of participants that identified themselves as working on state-level work.

There were 3 tables and participants rotated 4 times. Each rotation focused on a different question. All participants discussed the first question during the first rotation:

### **What are you doing to support ECE obesity prevention best practices?**

Note: This section is incomplete given that not all facilitators took notes on this specific question.

#### Responses from individuals working at the community level

- Keys to a health start: promoting environment and policy changes (West Virginia)
- Childhood obesity coalition (Texas)
  - o Sub-group on ECE
  - o Developing strategies for obesity prevention
- Farm to ECE (West Virginia)
  - o CSA boxes for centers
  - o Pop-up markets
- Natural learning environments (West Virginia)
  - o Great infographics
  - o Children in nature
- Trainings and workshops in ECE PA (Diane Craft Active Play)
- Improving Center Wellness Policies (GA)

### **Rotations**

Participants then rotated every 7-8 minutes to discuss the following 3 questions:

1. Who are your partners in ECE? How do you develop your partnerships?
2. What do you need to advance your work?
3. In what ways have you been intentional about health equity? What about moving forward?

#### **1. Who are your partners in ECE? How do you develop your partnerships?**

Note: Small group discussions focused on who key partners were and their 'added value' to advance obesity prevention in ECE. We did not discuss *how* partnerships are/were developed.

Key Partners in ECE:

*Participants listed partnerships with departments of Early Learning/Departments of Education, Head Start, and Pre-K most often.*

Full list of key partners in ECE:

1. Departments of Early Learning/Departments of Education
2. Head Start
3. Pre-K
4. Workforce commissions
5. Non-government agencies (e.g., Farm to School Network, Food Bank, Georgia Organics)
6. Child and Adult Care Food Program (e.g., sponsoring agencies)
7. Professional development agencies/organizations
8. SNAP Ed Grantees & implementing agencies
9. Child Care Development Fund Subsidy (CCDF)

10. State Health Services (e.g., WIC)
11. Licensing & Regulations for ECE
12. Quality Rating and Improvement System (QRIS)
13. ECE auditing agencies
14. Universities (e.g., land grant partnerships) and public health programs at institutions of higher education
15. Medical/Health Care Experts (e.g., hospitals)
16. National agencies (e.g., American Pediatric Association, Adverse Childhood Experiences (ACEs))
17. ECE Councils

*Five key themes emerged about the 'added value' of partnerships/collaborations:*

1. Partners help broaden content area expertise (e.g. Farm to ECE)
2. Having partnerships allows for consistent and unified messaging
3. Collaborating and communicating with partners reduces redundancy and duplication of efforts
4. Partnering with public health departments/health agencies brings the added value of a health lens/health focus to ECE space (e.g., linking nutrition and physical activity to school readiness)
5. Collaborating with medical professionals brings credibility to messaging (e.g., medical universities, hospitals).

## **2. What do you need to advance your work?**

Funding

Training materials for networks.

- Participants noted that they would like a robust “packaged” set of materials to train trainers (TOT) on early childhood obesity prevention. Something that is engaging and gives people the skills and knowledge necessary to train others in a more standardized way. This training could be used for child care health consultants or other trainers that provide education and support to ECEs.
- They also wanted more training materials, more resources, more things such as pre-planned menus, or more resources to implement nutrition and PA changes
- More training opportunities are need outside of urban areas. Rural communities especially need training opportunities
- More online modules

Tested best practices for parent engagement

- Participants cited a need for tested best practice materials that they can use to engage parents. Whether it be on responsive feeding, PA or other nutritional topics providers need help reaching parents.

Consistent messaging

- Participants were very interested in the idea of consistent messaging that families heard the same message from their healthcare provider, their WIC nutritionist and their child care provider. Parents may be overwhelmed and they need simple and consistent messaging

What to do BUT also HOW to do it

- ECE providers need to know what to do but they also need support to help them learn HOW to do it, be it menu changes, policy changes etc.

### **3. *In what ways have you been intentional about health equity? What about moving forward?***

#### Responses from individuals working at the state-level

- Added Health equity in state health improvement plan – all agencies must follow this
- Addressing the Nemours ECE Learning Collaboratives in the rural counties
- Address policies that deepen equity issues
- During reach out, ensure diversity by including partners from different regions and representing different social economic status.
- Want to try to better understand what health equity looks like on the ground
- Engage programs that support subsidies or ECE support
- Implement programs with increased subsidy rate
- Adding “health equity” term into your work to be intentional
- Share data on centers participating in food program
- Create specific outcomes that are measurable around health equity

#### Responses from individuals working at the community level

- Made sure bosses weren't around so staff could speak openly
- Translate communication materials
- Same messages across settings (pediatrician, WIC, ECE) – healthychildren.org
- Audio materials
- Focus on low income communities for Facility-Level interventions
- Work with SNAP-ED and target communities that are eligible
- Partner with WIC
- Promote low cost / inexpensive / inclusiveness / racial diversity activities
- Child care providers participate on action coalition
- Plan materials to connect with population of interest
- Educate ECEs about federal support programs
- Ensure focus groups are diverse
- Rolling out health councils to all...inclusive
- Focusing interventions to communities with diversity and refugees
- Acknowledging variety of health literacy
- Intentionally focus on family child care who are not registered.
- Hurdle to overcome: ensuring folks know you are not regulatory

#### **Discussion on Next Steps**

During the round table discussions, participants were asked to carry a large notecard (provided) and write down ideas they heard during the discussion that might inform their next steps once they return from the conference. For this discussion, the facilitator asked, “After today’s discussions with your peers, what are some next steps you might take to further your work?”

- Reach out to children's hospitals for resources in education and training
- Reach out and include child care providers and families in partnerships
- Develop an obesity prevention Training of Trainers
- Working Better Together – continuum of training and follow-up
- Connectivity of opportunities across the Spectrum
- Connect facility-level interventions with QRIS and licensing and CACFP trainings
- Better support system for ECE providers to address Health Equities.
- Look at the CDC Community Health Media Center website for useful tips in messaging:  
<https://nccd.cdc.gov/chmc/Apps/overview.aspx>

To Dos for CDC:

- Review notes on items needed to advance work and determine how CDC may contribute to resource development
- Create CDC Spectrum as an image that individuals may use for their presentations and communication materials