Partnerships for healthy weight practices in early childhood care and education settings
My Heart Says Thanks

Verse 1
When I eat my
• Fruit
• Veggies
My heart says thanks!
Bump-bump, bump-bump…
my heart says thanks!
(Repeat – Then to chorus)

Verse 2
When I
• Drink my milk
• Rest and sleep
My heart says thanks!
Bump-bump, bump-bump…
my heart says thanks!
(Repeat – Then to chorus)

Chorus:
But when I move, move, move…
move, move, move
And when I jump, jump, jump…
jump, jump, jump
And when I hop, hop, hop… hop, hop, hop
And when I run in place… run, run, run
(repeat)

My happy healthy heart says… (repeat)
Thank-you! Thank-you! (repeat 3x)
Bump-bump, bump-bump….
my heart says thanks!
My heart says…
Thank-you! Thank-you! (repeat 3x)
Bump-bump, bump-bump….
my heart says thanks!
The obesity epidemic is upon us!
Prevalence of Self-Reported Obesity Among U.S. Adults
BRFSS, 2011

15%–20%  20%–25%  25%–30%  30%–35%  ≥35%
A man totes a large sugary drink at the July 9 "Million Big Gulp March" protesting New York City
The Center for Disease Control and Prevention (CDC) has identified these targets:

- Breastfeeding
- Fruit and vegetable consumption
- Energy-dense food consumption
- Sugary beverage consumption
- Physical activity
- Screen time
PUBLIC HEALTH DIVISION

VISION: Lifelong health for all people in Oregon.

MISSION: Promoting health and preventing the leading causes of death, disease and injury in Oregon.

- Preventing or reducing heart disease and stroke, increasing survivability
- Preventing family violence
- Preventing or reducing obesity/overweight
- Reducing suicide

Make Oregon one of the healthiest states

Transforming the public health system through public health accreditation
Supporting CCOs in achieving community health goals
Increasing the use of health impact assessments as a tool in communities
Maintaining excellence in epidemiology and surveillance
Establishing mechanisms that ensure health in all policies

Make Oregon’s public health system into a national model of excellence

Partnership
Service Excellence
Leadership
Integrity
Health Equity
Increasing community resilience to emergencies
What about the children?

- Obesity rates among children 2-5 years of age doubled between 1976-80 and 2007-08.

- 24% - 33% of children are already overweight or obese by 6 years of age.
Why child care?

• Children in childhood care and education (CCE) settings spend an estimated 70%-87% sitting or lying down…and 3% in moderate to vigorous physical activity.

• Children in home-based CCE settings spend about 1.5 hours a day watching TV or videos during care and another 4 hours a day watching at home.
How far can we go?

CCE settings can have a profound impact on:

• Eating and activity habits.
• Breastfeeding duration.
• Exposure to screens.
• Family practices at home.

Maybe a little too far…?
National childhood care and education initiatives

http://www.letsmove.gov/

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Health/Nutrition/Nutrition%20Program%20Staff/IamMovingIam.htm

http://www.choosykids.com/CK2/
Childhood Care and Education System

Tiered Quality Rating and Improvement System development (TQRIS)

- Builds upon existing systems, national research and standards
- Provides a way to support quality and professionalization for the field
- Provides a clear and understandable way to inform policy makers, parents, and providers
- Defines quality - consistent language and a visual with measurement and feedback

In Oregon we are taking action together

- Child Health Collaborative Action Plan
- Development of face-to-face and on-line training for child care providers statewide
- Oregon Kids: Healthy and Safe training and resources
- Farm to Pre-school development
- Oregon Moves
- Wellness Champions
- Wellness
Right from the Start to Healthy Child Care:
A collaborative, evidence-based approach to promoting healthy weight in child care

Prepared for: Oregon Public Health Association
Annual Conference
October 9, 2012
Overview

• Describe Right from the Start Child Care Assessment and key findings
• Describe how RFTS research stimulated collaborative efforts to improve healthy weight practices in child care and education settings
• Describe the Screen Time Reduction for Children project
Health Happens in Places Where Oregonians Live, Work, Learn and Play

Oregon Public Health Institute celebrates ten years of progressive public health. We see a world where vibrant health is a reality for all Oregonians. We see tomorrow’s health today.

To learn more about OPHI, watch our video.

What’s New:

2012 Billi Odegaard Public Health Genius Awards

October 19th, 12:00-2:00 at the Multnomah Athletic Club.

The Genius Awards are an opportunity to honor those who have given outstanding and innovative service to improving the health of Oregonians. This year’s winners are Dr. Tina Castañares,
Starting with evidence

1 in 4 children overweight or obese by the time they enter kindergarten!\(^1\)

- Child care: key setting for obesity prevention
- Knowledge gap – what is happening in child care?
- OPHI/STAR Coalition

Right from the Start Child Care Assessment\(^2\)

- Multnomah County paper/online survey
- Nutrition, physical activity, screen time, breastfeeding
- Cross-system representation on Advisory Committee

www.orphi.org
Evidence-based priorities

Screen Time in Care

- High screen time
- Perceived importance for language/social skills development

Breastfeeding Accommodation

- Providers willing and able to accept breast milk
- Opportunities to shape perceptions: nursing in public, benefits of breastmilk
Evidence-based priorities: Training

Frequency of training of respondent or other staff:
- Rarely or never
- Once every 2 years
- Once a year
- Twice a year or more

Graph showing the frequency of training for different areas:
- Nutrition
- Physical Activity
- Screen time
- Breastfeeding

www.orphi.org
Evidence-based priorities: Written guidelines
Evidence → Partnerships → Practice

Right from the Start

ODE: Child Care Wellness Champions

Multnomah County Health Dept: Breastfeeding accommodation & Right from the Start Coalition

MESD Project LAUNCH: Screen Time Reduction for Children
Screen Time Reduction for Children: Partnership

Providers

OPHI

Screen Time Reduction for Children

MESD Project LAUNCH

STAR/Advisory

CCR&R-MC
Project model

- Training 1: Orientation & Policy
- Training 2: Screen time
- Final Training Module
- SCRCH
- Evaluation & Feedback
- On-site coaching, observation, & action plan
- Provider implementation
Results

- Quantitative/qualitative evaluation
- 100% agreed that as a result of the project:
  - Reduced screen time in child care setting
  - Reduced screen time in personal lives
- Most providers created a screen time policy
- Most shared screen time information with parents
Next Steps

• Screen time reduction training: replicate and disseminate

• Right from the Start Coalition: convening key stakeholders to guide and implement strategies in Multnomah County

• **Statewide** Right from the Start Child Care Assessment
Learn more…


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OREGON MOVES
CCR&R OBESITY PREVENTION INITIATIVE

Helen Visarraga, Executive Director
Dee Wetzel, T/TA Specialist
Policy

• Let’s Move Child Care National Initiative
• Region X and Oregon Child Care Division
• Oregon Child Care Resource & Referral Network
• Initial funding assistance for (IMIL) TOT
• Engaging the CCR&R system
• Engaging other community partners
Practice

• Developed IMIL Action Team (CCR&R)
• Developed work plan with timelines/activities
• Provided training in rural areas
• Utilized in-house expertise to create bi-lingual newsletter articles related to five strategies.
• Aligned IMIL curriculum with Oregon Core Knowledge Categories
• Provided incentives for child care providers
PROMOTING HEALTHY WEIGHT & DEVELOPMENT IN EARLY CHILDHOOD
A COLLABORATION OF OREGON’S STATE & LOCAL PUBLIC HEALTH AGENCIES

October 9, 2012

Presented by:
Heather Morrow-Almeida
Robin Stanton
Why Maternal and Child Health?

1. Life course perspective

2. Upstream, primary prevention

3. Inclusive of the whole family
Birth

Children through Mature years

Adulthood

Home visiting programs

Nutrition and physical activity

Immunizations

Oral health

Genetics

Policy

Family Planning

Sexual health

Preconception health

School based health centers

WIC

Early learning

Safe sleep

Breastfeeding

Newborn screening

Home Visiting

Oregon Health Authority
Life Course and Obesity

Risks and Protective Factors for Childhood Obesity

DRAFT – 02.28.2011

Individual/Family factors: poverty, food insecurity, education, genetic predisposition

Neighborhood factors: proximity of healthy foods, safety, social cohesion, transportation, normalization

Institutional factors (work, school, childcare): policies regarding food, physical activity, breastfeeding; provisions
MCH Leadership Retreat (March 2010): Purpose and Outcomes

• **Purpose for Child Health** (0-8 years)
  - Overview
  - Public health approaches to improving health
  - Alignment of state & local MCH efforts

• **Outcomes for Areas of Focus**
  - Oral health
  - Unintentional injury
  - **Obesity prevention**
3 Principles of Learning Communities

1. Partners as Learners

2. Establishing Learning Objectives

3. Designing Conversation
Impact of Investment in Collaboration

- Connect core sense of self to a sense of personal mission about the work
- Link learning of partners to program impact
- Build strong working relationships with colleagues in communities/organizations
- Extend leadership across network of relationships
- Increases attendance and buy-in – EVEN on conference calls!
I. Partners as Learners

Local Representatives
- Ronalie Sweet (Jackson) & Chelsie Evans (Union), co-chairs
- Ashley Swanson (Columbia)
- Kate Moore (Deschutes)
- Marti Franc (Clackamas), plus many others...

State Representatives
- Heather & Robin (co-chairs)
- Dianna Pickett (MCH)
- MaiKia Moua (Office of Community Liaison)
- Sara Sloan (WIC), plus many others...
2. Establishing Learning Objectives

• Overall learning objectives
  • Long-term outcomes that an assessment can help inform

• Meeting-specific learning objectives
  – Immediate objectives: “what do we need to understand by the time we leave today?”
Workgroup Charge and Vision

**CHARGE:**
- Synthesize & build on the leadership retreat
- Develop an action plan for MCH partners
- Present to stakeholders and engage additional partners

**VISION:**
- Increase collaboration between state & local partners
- Framework developed to share
- MCH is recognized as expert in this area
- Public health actively involved in policy development
- Prevention focus
3. Designing the Conversation

- 1 hour monthly to bimonthly meetings between Oct 2010 – present

- Phone & webinar format

- Logic model developed to define our work as a learning community

- Collected all input for collage of ideas

- Regular updates from workgroup members about their community activities
The Child Health Collaborative – Obesity and Physical Activity Workgroup

**Background from the Collaborative**
- Vision statements from Collaborative:
  - More collaboration between state, local and partners
  - PH/MCH seen as experts on this issue in their communities
  - PH/MCH actively included in conversations, planning, and policy development in communities, esp. w/ built environment and school settings

**Our charge:**
- To synthesize the work of Collaborative retreat and add data/information as needed;
- Develop an action plan; and
- Present to stakeholders and partners

**Components of the “action plan”:**
- Describes the issue
- Evidence based interventions
- State and local strategies
- Plan to engage partners
- Timeline
- Accountability

**Workgroup activities to create action plan**
- Review the foundation of evidence: including state and local priorities, key reports, etc.
- Review policy landscape and recommendations from national and state reports.
- Review the data: including national, state, and (when possible) local data (including community assessments).
- Explore assurance function: local capacity, competence, initiatives, effectiveness, community assessments, etc.
- Reflect on models for looking at child obesity and physical activity:
  - Socio-ecologic model
  - Health impact pyramid
  - Life course perspective
  - Place matters
  - Others?

**Outcomes**
- Increased knowledge about population and infrastructure-level approaches to impact child obesity and promote physical activity.
- Increased knowledge of recommended policies to impact obesity and physical activity – as well as state and local policies and policy initiatives.
- Increased knowledge of monitoring and surveillance data related to childhood obesity and prevention/mediating factors.
- Increased awareness about state and local assurance functions related to child obesity and physical activity.
- Increased comfort with using public health models to explore multiple levels of public health interventions.

**Next steps!**
- Achieve consensus on action plan for state and local MCH efforts in Oregon around child obesity and physical activity.
- Ongoing development and implementation of next step strategies: Infrastructure and workforce development, best practice interventions, etc.
- Engage additional partners.
- Seek additional funding to support work in priority areas.
Action Planning

• Setting the stage
  • Problem Statement

• Guiding values
  • For example:
    • Recognition of the family as the unit of intervention

• Choosing a framework?
  • Reviewed various public health models
  • Outcomes based on the 10 essential MCH services
Draft Action Plan

PROMOTING HEALTHY WEIGHT AND DEVELOPMENT IN EARLY CHILDHOOD
A collaboration of Oregon’s state and local public health agencies
MCH Domains in Action Plan

- Preconception, prenatal health
- Breastfeeding
- Early care and education
- Systems, policy and environmental change
POTENTIAL STRATEGIES FOR ACTION

HEALTH PROMOTION AND PUBLIC EDUCATION:

Inform and educate the public about healthy weight and development promotion using culturally, linguistically, and literacy-level appropriate mediums.

- Inform and educate the public and stakeholders about population-based, upstream obesity prevention and the financial/community costs of the obesity crisis.
- Promote active peer-to-peer support in communities.
- Provide evidence-based health promotion, education, and interventions through MCH programs and services.
- Promote parents as agents of change for promotion of healthy weight and development in childhood.
- Identify gaps in health education in communities to include culturally and linguistically appropriate materials and programs; identify gaps in provider practice.

ASSESSMENT:

Assess and monitor healthy weight and development trends, risk factors, and health outcomes. Disseminate findings.

- Conduct state and community level needs assessments to understand community priorities, identify barriers, strategies, and solutions, and engage local support.
- Conduct surveillance to monitor trends, (obesity rates, risk and protective factors, and health outcomes), describe child obesity, and identify disparities (including racial/ethnic, geographic, socioeconomic, mental health, and special health care needs).
- Review related regulations and licensing standards for schools, early care and education, and provider settings.
- Support research and demonstration projects.

PARTNERSHIP DEVELOPMENT:

Build a network of partners to strengthen state and local efforts to promote healthy weight and development.

- Engage community leadership through participation in prevention-focused coalitions and networks (county and/or regional).
- Coordinate and collaborate with state and local programs and system partners to support and/or expand upstream prevention strategies.
Action Plan Examples

**Recommendation: Assessment**
- Assess and monitor healthy weight and development trends, risk factors, and health outcomes. Disseminate findings.

**Recommendation: Policy development, promotion and enforcement**
- Provide leadership for prioritizing, planning and policy development for the promotion of healthy weight and development. Promote and enforce legal requirements, and ensure public accountability. Strive for health in all policies.
  - Strategy (5 of 6): Strengthen place based obesity prevention policies and practices that address nutrition, physical activity, screen time and breastfeeding.
Products of our Partnership

- Tri-fold Action Plan
- Companion website
- Weight of the Nation toolkit
- Place Matters Conference conversation
Next Steps for our Workgroup

• Continue to meet as long as useful to share evidence & new ideas in lifecourse approach
• Promote local level strategic conversations and collaborations
• Support MCH staff to participate more broadly in community efforts for policy, systems & environmental change
• Provide targeted support to implement the action plan strategies
Interested in Joining Us?

Contact us!

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