

**Choose
Health LA**

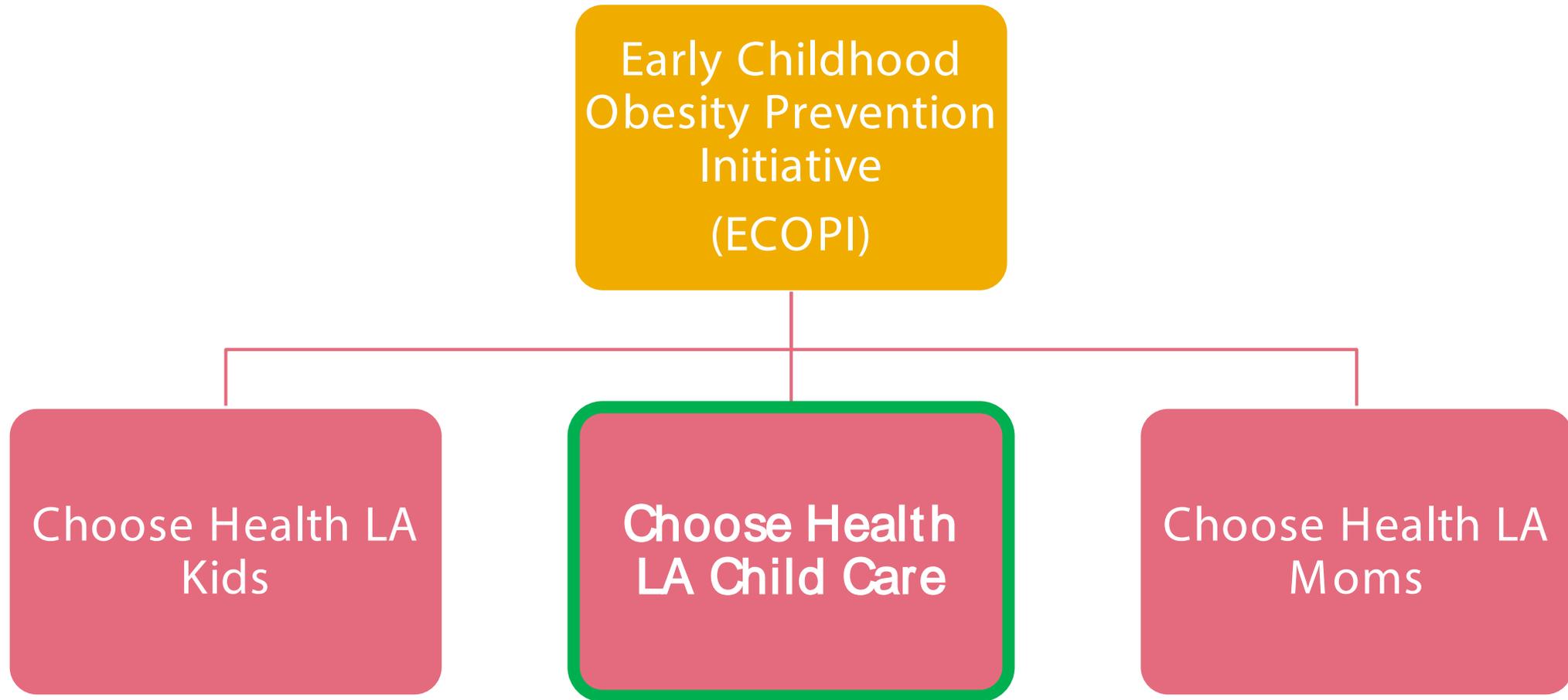
Child Care

**First 5 California
2016 Child Health, Education, and Care Summit
November 10, 2016**

Early Childhood Obesity Prevention Initiative (ECOPI) – General Overview

- ❑ **Project duration:** July 2012 – June 2017
- ❑ **Funding:** \$41.2 million from First 5 Los Angeles
- ❑ **Target groups:** children ages 0-5 and their families
- ❑ **Collaborations:** County departments, community-based organizations, child care agencies, research and evaluation, and many others
- ❑ **Strategies:** education, skills-building, policy, systems and environmental change efforts to promote improved nutrition, increase physical activity, and reduced obesity

ECOPI Overview - Programs



Why Focus on Child Care Settings?

- ❑ 40% of 0-5 children in LAC (350,000) spend most of their day in child care.
- ❑ Among the PHFE WIC population, 19% of 3 and 4 year olds in LA County are overweight.
- ❑ Observational study by PHFE-WIC and CFPA (2008)¹ demonstrated significant need for improvement in nutrition policies and practices in licensed child care in LA County.

1: WIC report available at: <http://cfpa.net/ChildNutrition/ChildCare/CFPAPublications/Gilbert-LA-ChildCareLunchAssessment-2008.pdf>



Child Care Nutrition - California Legislation

AB 2084 – Healthy beverages in child care (Chaptered 2010)

- ❑ Standards for beverages in CCC. Maximum of 4 – 6 ounces of 100% fruit juice served. Only low fat milk served. No natural or artificially sweetened beverages. Water accessibility at all times.

AB 290 – Nutrition Training for Providers (Chaptered 2013)

- ❑ Requires child care providers to complete one hour of nutrition training as a component of licensing.

Choose Health LA Child Care

Program Framework:

- ❑ Partnership with the county network of Resource and Referral (R&R) agencies
- ❑ R&Rs provide training, tools and technical assistance to:
 - ❑ Child care centers
 - ❑ Licensed child care homes
 - ❑ License-exempt providers



Choose Health LA Child Care - Key Strategies

Conduct nutrition and physical activity workshops for child care providers that includes a policy component.

Incentivize training participation, offer swag and Cert. of Completion through Gateways to Education™ program.

Offer on site coaching to reinforce provider learning and evaluate use of training information.

Evaluate trainings, and coaching through surveys and observational assessments

Conduct events for families to promote and encourage healthy nutrition and physical activity habits.

What We Hoped to Accomplish

- ❑ Improved nutrition and PA practices in child care.
- ❑ Creation and adoption of nutrition and PA policies in child care.
- ❑ Providers communicate nutrition and PA policies with parents via newsletters or other venues.
- ❑ Identified barriers and concerns that child care providers face in efforts to promote good nutrition and active play.
- ❑ Promotion of, and the benefits of participation in, CACFP.
- ❑ Reduced prevalence of overweight & obesity among children in child care.

Curriculum for Child Care Providers

Breastfeeding

Food and Drinks

Physical Activity

Screen Time

Environment and Policy

Breastfeeding

How long do experts recommend that moms feed their babies **only** breast milk (with no other foods or beverages)?

- A. About 2 months
- B. About 6 months
- C. About 9 months
- D. About 1 year

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Food and Drinks

Which of these foods is 100% whole grain?

- A. Oatmeal
- B. All breakfast cereals
- C. Multi-grain crackers
- D. White bread



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Physical Activity

How much time per day should children do “structured” or teacher-led, physical activity?

- A. At least 15 minutes
- B. At least 30 minutes
- C. At least 60 minutes
- D. At least 120 minutes (2 hours)



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Screen Time

What is the maximum recommended amount of screen time per day for children **over 2 years old**?

- A. 1 hour
- B. 2 hours
- C. 3 hours
- D. 4 hours



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Program Accomplishments



Program Accomplishments

Trained over **5,800** ECE providers

- ❑ Goal: 5,500 by June 30, 2016
- ❑ Types of providers trained:
 - ❑ Centers: 68%
 - ❑ Licensed Homes (FCC): 22%
 - ❑ License-Exempt: 10%

Coached over **2,300** ECE providers

- ❑ Goal: 2,200 by June 30, 2016
- ❑ Additional 753 second visits given

Training & Coaching Incentives

Choose Health LA
Child Care Newsletter
A healthy life starts with you

Includes photos of children participating in outdoor activities and a chef-themed activity.

October 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12					
18	19					
25	26					

October's Vegetable of the Month

Recipe

Harvest Chili
For children 1 year and older
Makes 6 servings

Ingredients:

- 1 qt vegetable stock, low sodium
- 2 cups pumpkin, canned
- 2 cups navy beans, canned, low sodium
- 1 can black beans, canned, low sodium
- 1 cup great northern white beans, canned, low sodium
- 1/2 cup corn
- 1/2 tsp salt
- 1/4 tsp white powder
- 1/4 tsp garlic powder
- 12 oz ground turkey, pork or lean beef

Directions:

1. Begin by putting vegetable stock and pumpkin in a 5 quart pot over medium heat and mix together.
2. Add the great northern white beans, navy, and the pork in food processor and pulse.
3. Add ground turkey to pot.
4. Drain navy beans and black beans and add them to the pot and mix everything together.
5. Finally add all the spices and mix until everything is stirred in.
6. Bring to a boil and let simmer for at least a half hour.
7. Chili will thicken a little as it stands.
8. Serve and add any additional ingredients such as one cooked onion, turkey, corn, or bean beef.

Activity

Five Little Pumpkins Rolled Out of Sight

- Set up 5 mini plastic pumpkins in a row in an open area.
- Have children stand about 10 feet away with large bean balls.
- The object of the game is to try to roll the ball and knock over the plastic pumpkins.
- The goal is to be the last one standing.

Nutrition Notes:

- Pumpkin is usually orange but can sometimes be yellow, white, green or red.
- Scientifically speaking, pumpkins are a fruit (they contain seeds) but when it comes to cooking they are often referred to as vegetables.
- Great pumpkins can be grown for decorations, with some weighing over 1000 pounds!
- Pumpkins are popular decorations during Halloween and other autumn harvest celebrations.



HEALTHY EATING HEAD TO TOE

A diagram showing a child with various body parts labeled with corresponding healthy foods: eyes (corn), brain (nuts), hair (eggs), heart (strawberries), teeth (broccoli), digestive system (apple), skin (lemons), bones (milk), muscles (meat), and hair (eggs).

Fuel your body!

A set of 'Stretch & Pose' activity cards featuring illustrations of children performing exercises like 'Lion's Roar' and 'Lear Walk'.

A box of 'playdough' and several activity cards with instructions for using the dough, such as 'Physical Activities' and 'Sensory Activities'.



Most Common Coaching Requests

Improve Food/Beverages

- Menu plan improvements/recipe ideas
- Developing new menus for new providers
- Assistance with joining the Child and Adult Care Food Program (CACFP)
- Healthy cooking activity ideas

Increase Physical Activity

- Expanding physical activity ideas
- Incorporating more structured play into curriculum

Reduce Screen Time

- Doing physical activity instead of screen time

Others

- Creating “Healthy Policies”
- Starting a garden at child care sites
- Developing ideas for classroom container gardening
- Family engagement and support

Making Healthy Changes

Gardening



Small steps to big changes



VS



Structured physical activity



Program Accomplishments

Reached over **16,500** parents through events

- ❑ Goal: 7,400 by June 30, 2016
- ❑ Families participated in activities and given print information

Over **34,500** parents given print information

- ❑ Goal: 20,211 by June 30, 2016
- ❑ Materials disseminated:
 - ❑ Nutrition and PA handouts
 - ❑ CHLA CC Newsletters

Programmatic Changes Along the Way

- ❑ Created a 1-hour version of the workshop for centers, tailored for Head Start and School District sites.
- ❑ Scheduled center trainings during staff development time.
- ❑ Marketed the workshops specifically for license-exempt providers who may want to become licensed.
- ❑ Continued to create new and exciting giveaways

Program Evaluation



Evaluation Methods

- ❑ Training and Coaching Satisfaction Surveys
- ❑ Focus Groups
- ❑ Observational Assessments
- ❑ Policies and Practices Self-Assessment Questionnaire

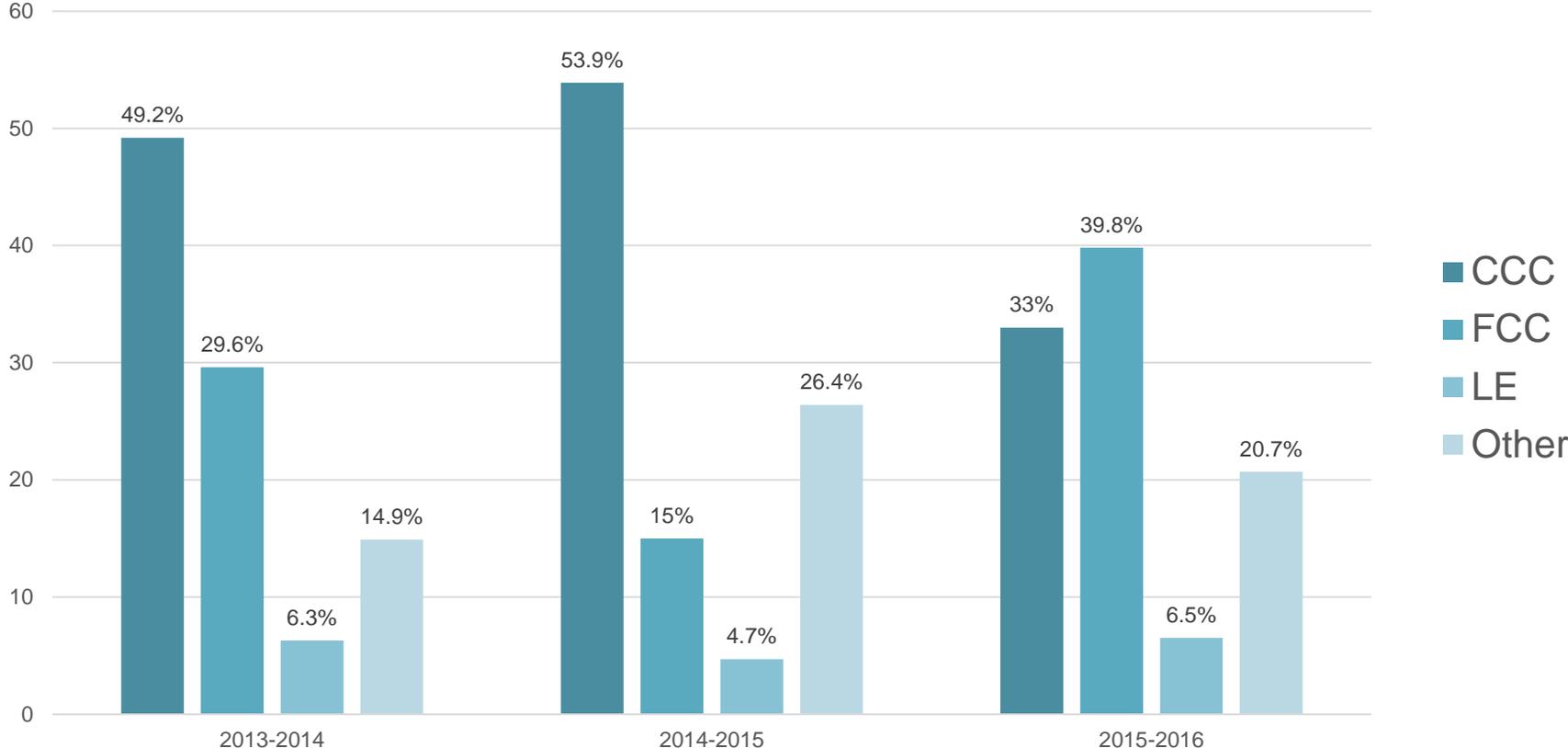
Training and Coaching Satisfaction Surveys

- ❑ Training Satisfaction survey given to every participant at the end of each workshop
 - ❑ Data from every 4th survey was entered and analyzed at the end of each fiscal year

- ❑ Coaching Satisfaction survey given at the end of last coaching session

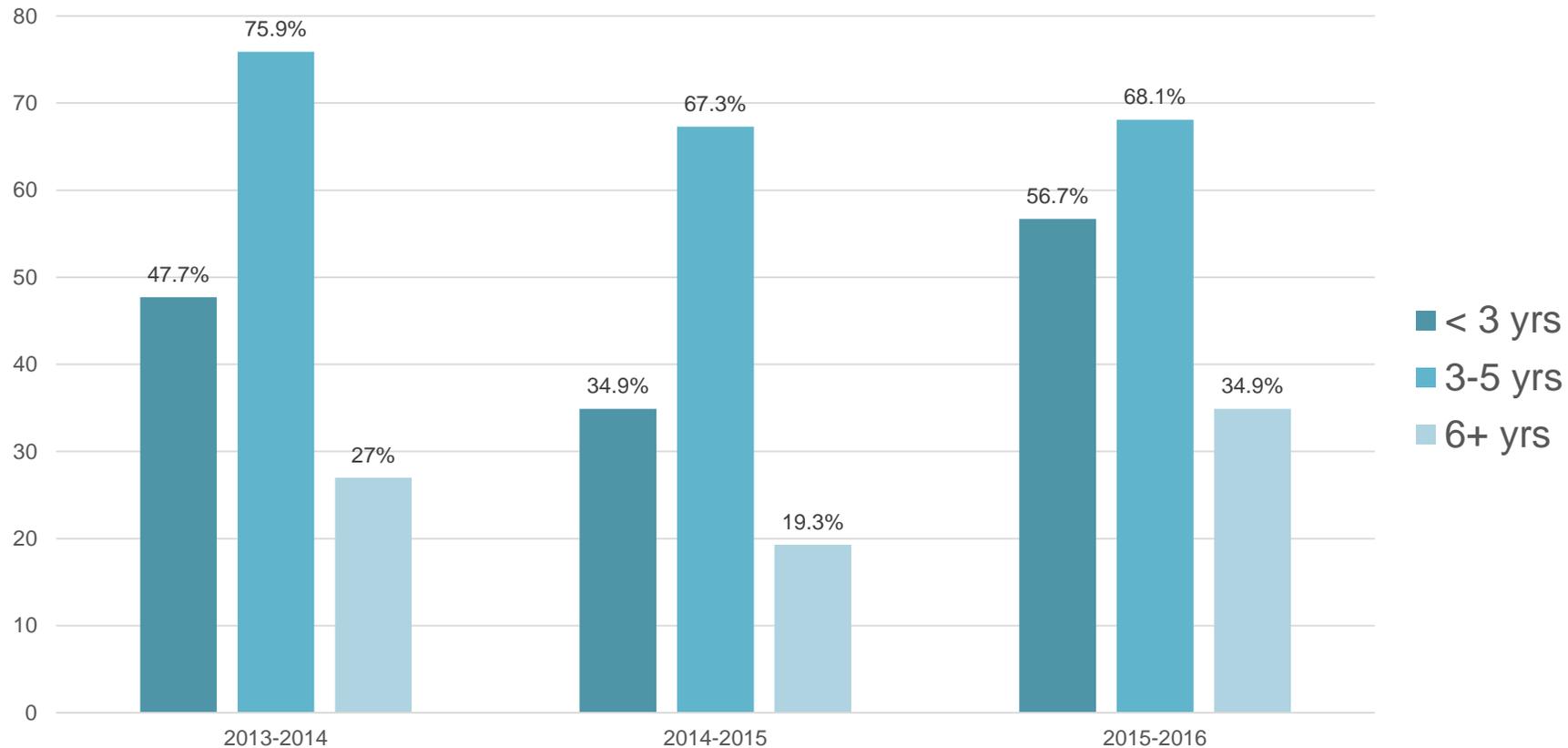
Training Satisfaction Survey Results

Types of Providers Reached, by Program Year



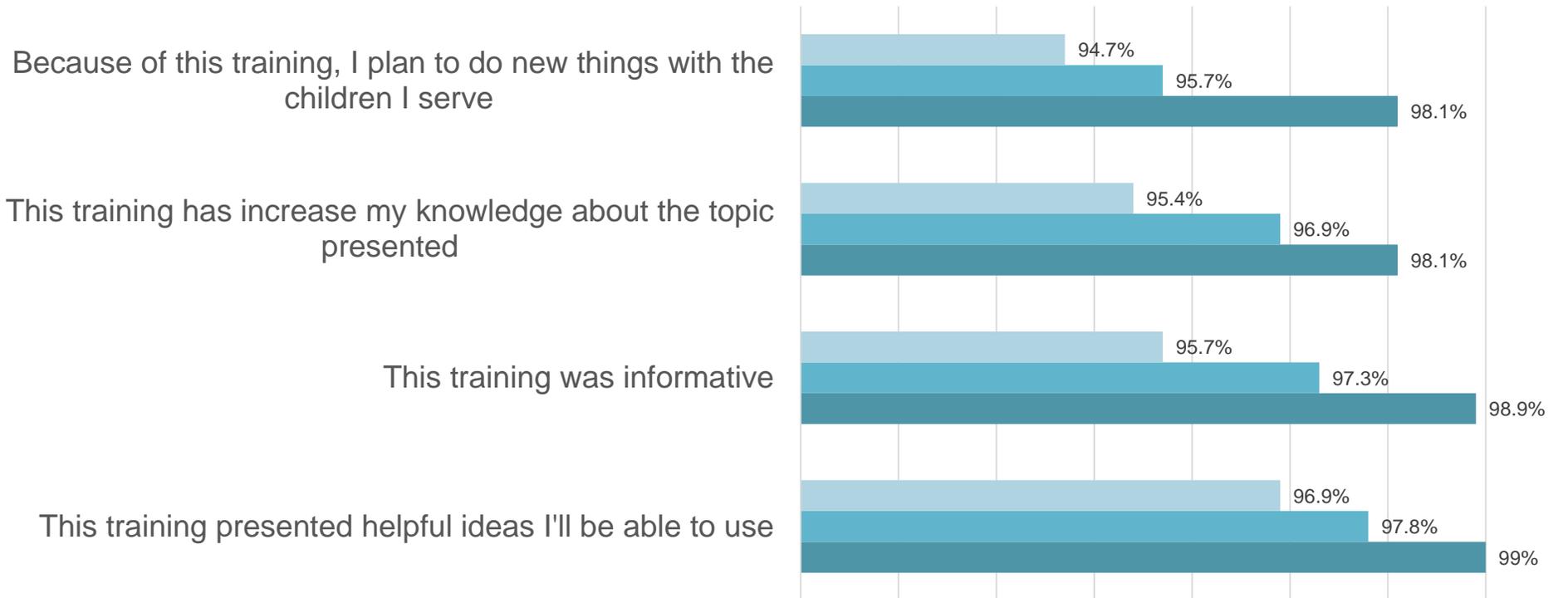
Training Satisfaction Survey Results

Ages of Children Served, by Program Year



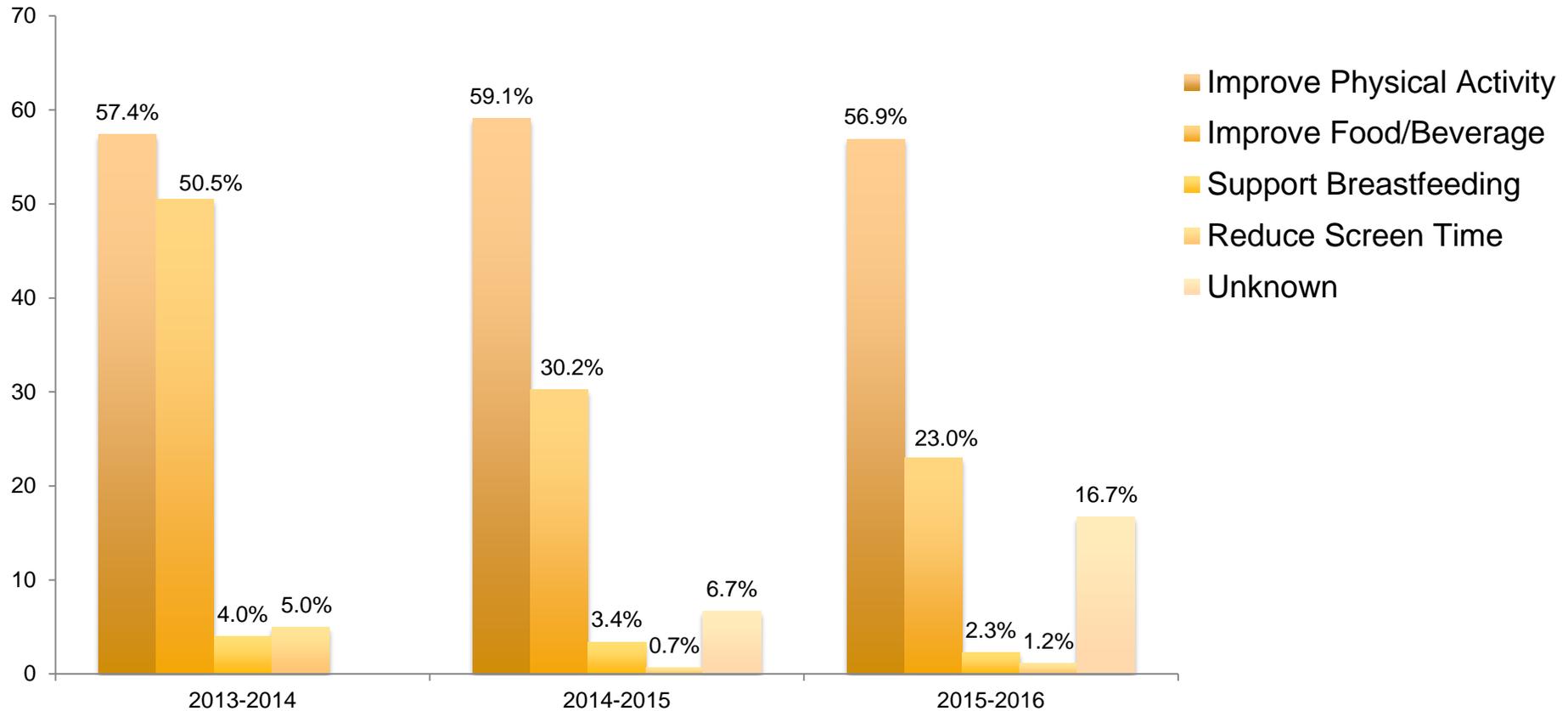
Training Satisfaction Survey Results

Providers who Agree or Strongly Agree with Following Statements, by Program Year:



Coaching Satisfaction Survey Results

Main Goal Area for Coaching, by Program Year



Coaching Satisfaction Survey Summary

Participants reporting a need for more resources to make changes in their programs

Program Year	Need Additional Resources? (Yes)	More Printed Materials	More Coaching Sessions	More Equipment	Other
2013-2014	52.5%	56.7%	22.6%	62.3%	17.0%
2014-2015	66.2%	44.1%	35.5%	56.9%	11.8%
2015-2016	49.4%	52.9%	28.7%	64.4%	12.6%
All 3 Years	56.0%	50.1%	30.2%	60.8%	13.2%

Training Satisfaction Survey – Comments

The best thing about this training was...

“New activities to do in the classroom – and for my own family.”

“The encouragement to develop a successful child care.”

“The DANCING! I’ve never danced.”

Coaching Satisfaction Survey – Comments

The best thing about this program was...

“I have done so many things with my daycare. We planted a big garden, we do art, we cook together, we play all kinds of physical activities. We sit down all together and talk about the things they like and don’t like. It’s so much more fun now.”

“The music and movement box she gave us helps our children with our mini Olympics in June and also with our DRDPs.”

Focus Groups Background

- Total = 7 focus groups (6-10 participants each)
 - 4 conducted in English; 3 conducted in Spanish
 - 54 participants (Female, Latino, 5+ years in business)

- Eligibility:
 - English- or Spanish-speaking
 - Adult participant in Choose Health LA Child Care training and coaching
 - Child care provider of children ages 0-5

- Participant incentives: \$40 gift card incentive & light meal

Focus Groups Results

Prominent Themes:

- Participating increased knowledge and changed own health behavior
- Modeling helped change children's health
- Children's health improved
- Hard to change some families eating habits
- Inclement weather as barriers to physical activity
- Resources helped open a dialogue with families
- Written policies reinforced health message
- Multiple strategies to incorporate nutritious foods in meals/snacks
- Provide complimentary training and coaching for parents
- More and regular coaching and networking opportunities desired

Observation Assessments Background

Structure:

- 2-3 hour visit
- Observe meal time
- Observe outside time
- Interview with director

Focus areas:

- Foods served
- Staff behavior
- Physical activity opportunities

Methods:

- Purposive (non-probability) sampling
- Eligible Providers
 - Not HeadStart
 - Serve lunch
 - Serve 3-5 year olds

Providers:

- 65 matched pairs
- 31 centers, 34 homes
- Owners/operators or administrators

Observational Assessments Results

Food Environment & Foods Served	Pre	Post
Display nutrition-related posters not sponsored by a food or beverage company	33.8%	38.1%
Areas for growing produce	30.8%	47.7%
Serve at least one type of vegetable	95.4%	90.8%
Whole grains served	13.6%	40.0%
Vegetable protein served	13.8%	26.2%

Observational Assessments Results

Food Behaviors	Pre	Post
Providers sitting with children	75.0%	73.0%
Mealtime staff seated with children	55.8%	60.4%
Staff modeling eating same food	35.4%	36.9%
Providers talked about trying and enjoying new/healthy foods with children	90.8%	92.3%
Serve some or all meals “family style”	16.9%	24.6%
Providers encourage children to “clean their plates”	20.3%	17.2%

Observational Assessments Results

Physical Activity Environment & Behaviors	Pre	Post
Physical activity observed outdoors	86.2%	84.6%
Number of visible materials about physical activity	6.3%	27.0%
Play restricted as punishment	12.7%	6.6%
Staff provide prompts to increase physical activity	88.7%	92.3%
Structured physical activity provided as optional	85.7%	37.0%

Observational Assessments Results

Physical Activity Environment & Behaviors	Pre	Post
Structured physical activity took place	43.8%	75.4%
Staff participating in structured physical activity	78.6%	95.7%
Staff participating in unstructured physical activity	53.8%	21.5%
Length (minutes) of structured physical activity	15.9 min.	19.7 min.
Length (minutes) of unstructured physical activity	36.4 min.	25.6 min.

Observational Assessments Results

Challenges:

- Parent motivation – need training/resources for parents
- Limited resources for staff (money, time, information, equipment, space)
- Keeping children engaged in structured activity

Recommendations:

- Increase capacity of providers to engage staff and parents
- More and regular coaching and networking opportunities desired
- More interactive and skill-based learning opportunities

Policies and Practices Survey Background

- ❑ Self-assessment based on the C.H.O.I.C.E. Toolkit, Self-Assessment Questionnaire, and NAP SACC
- ❑ Participants were mailed a baseline and follow-up survey
- ❑ Received 602 matched pairs

Policies and Practices Survey Background

Surveys analyzed:

Type of Providers

- Center - 77.9%
- Family Child Care - 22.1%

Primary Language

- English - 73.4%
- Spanish - 26.6%

Coaching

- Yes - 55.0%
- No – 45%

Policies and Practices Results

- ❑ Broad impact vs. deep impact
- ❑ Ceiling effect
- ❑ 85% of participants indicated coaching was helpful
- ❑ 73% reported parents have responded generally positively to rules or guidelines about healthy practices
- ❑ 35% of providers saw increase in demand for their business

Policies and Practices Results

☐ Breastfeeding:

- ☐ Spanish-speaking participants more prepared to make changes than English-speaking participants

☐ Screen time:

- ☐ English-speakers more prepared than Spanish speakers to make changes around screen time; note that quality of screen time is not assessed

☐ Parent engagement:

- ☐ 67% of providers reported more materials for parents would be helpful for creating healthy practices and guidelines

Policies and Practices Results

Physical Activity (PA):

- ❑ Significant increases in:
 - ❑ Parents receive written physical activity policy upon enrollment
 - ❑ Children have at least 60 minutes structured or teacher-led physical activity time
 - ❑ Information is provided to parents about their child's physical activity while in child care
 - ❑ Staff participate in physical activities with children
 - ❑ Parents are provided information that encourages physical activity at home

Policies and Practices Results

Nutrition:

- ❑ Significant increases in:
 - ❑ Parents receive written nutrition policies upon enrollment
 - ❑ Parents are given information about what their children are eating
 - ❑ Parents are given information about what their children are offered (menus)
 - ❑ Children decide which foods they will eat from the foods offered
 - ❑ Children serve themselves from serving dishes at meal time
 - ❑ Foods are served that reflect the ethnicity and cultures of the children in the centers/home
 - ❑ Special occasions and holidays are celebrated with healthy foods or with non-food treats
 - ❑ Parents are provided information on child nutrition and healthy eating

Policies and Practices Results

☐ CACFP participation:

- ☐ Over 70% of providers surveyed participate

☐ Self-efficacy (preparedness):

- ☐ 90% of providers feel prepared to make changes in food and beverage practices
- ☐ 94.4% of providers feel prepared in doing teacher-led physical activity
- ☐ Providers feel least prepared to address breastfeeding

Policies and Practices Results

☐ Challenges:

☐ Most frequently cited:

- ☐ Lack of support from parents
- ☐ Not enough resources to make changes

☐ Providers who received coaching reported more challenges at baseline and follow-up than those who did not

☐ Center-based providers reported more challenges at follow-up than family child care providers

Lessons Learned from Program Implementation and Evaluation

- ❑ Providers need more resources
 - ❑ for their sites
 - ❑ for parents
- ❑ Providers need & want more training, especially around family engagement, as well as training for parents
- ❑ FCC's are fertile ground for making healthy changes
- ❑ Further intervention regarding breastfeeding practices needed



Narrative from the Field

- ❑ This program has changed my life. Through the program I learned about portions, family-style eating, and physical activity – lessons I took home to my family too. My son has struggled with his weight for a long time and was unhappy and never wanted to go out. But since making changes at home, he lost 15 pounds, seems much happier, and displays greater self-confidence. Thank you. – CHLA CC participant*
- ❑ “[CHLA CC] helped me attain my dream job, and I don't think anyone enjoyed this program as much as I did. It gave me the opportunity to inspire, motivate, create, and learn to become an efficient public speaker..I feel it was very positive for the children and families it reached, and that it provided more awareness about what we can all do to raise healthier children. I also feel it was a wonderful way of reaching out to providers, by giving them support and motivation, as they give so much of themselves for the children and families they serve.” – CHLA CC coach

**Edited for length and clarity*

Special Thanks!

Choose Health LA Child Care Coaches:

- Mariah Johnson – CCRC
- Sharlout Golbari – Connections
- Adriana Sanchez – Crystal Stairs
- Sophia Gonzalez – MAOF
- Armida Rosario – Options
- Maria Ponce – Pathways
- Dell Harris & Martha Arreguin – Pomona



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