

Eat Well Play Hard in Child Care Settings
New York State Department of Health
Albany, New York

OVERVIEW

Intent of the intervention: Eat Well Play Hard in Child Care Settings (EWPHCCS) is a multi-component intervention that focuses on improving the nutrition and physical activity behaviors of pre-school age children and their parents/caregivers and influencing food and activity practices in child care settings. It uses educational strategies and skill building activities to enhance self-efficacy for a targeted behavior change in both the parent and child. The intervention also builds social support within the child care environment by including teachers and care providers in lessons and encouraging positive role-modeling and classroom reinforcement of nutrition and physical activity messages.

Intended Population: The primary audience for this intervention consists of Supplemental Nutrition Assistance Program (SNAP) participating and eligible families with pre-school age (3-4 years) children enrolled in Child and Adult Care Food Program (CACFP) participating child care centers. Eligible centers are those in which 50% or more of enrolled families eligible for free or reduced-price meals.

Setting(s): Child care

Background: The EWPHCCS intervention was developed under the umbrella of the New York State Department of Health (NYSDOH) Eat Well Play Hard framework, which aims to provide consistent messages across programs that serve similar populations. The consistent messages include:

1. Increase consumption of low-fat or fat free milk and dairy products, for children 2 and older.
2. Increase consumption of vegetables and fruits.
3. Increase developmentally appropriate physical activity.
4. Decrease exposure to television and other recreational screen time.

Within the NYSDOH, Division of Nutrition, CACFP ensures that nutritious and safely-prepared meals and snacks are available to children and adults in child care settings. CACFP staff provide nutrition expertise, training and resource materials to participating programs. CACFP provides reimbursement for qualifying meals and snacks served in child or adult day care centers, outside-school-hours care programs, family day care homes, and homeless shelters. CACFP-participating child care centers provide access to a large, pre-existing, diverse population of low-income children and families across New York State (NYS).

The EWPHCCS intervention was developed by nutritionists in NYS CACFP in 2005 with funding from the United States Department of Agriculture's (USDA) Supplemental Nutrition Assistance Program-Education (USDA SNAP-Ed). At the community level, EWPHCCS is implemented by Child Care Resource and Referral (CCR&R) agencies and the New York City Department of Health and Mental Hygiene (NYCDOHMH). Child Care Resource and Referral agencies are found all over the US and provide a link between the community and child care providers. These agencies work with communities to enhance capacity and the quality of care provided to

young children. CCR&Rs provide resources, training and support to child care providers and are respected leaders in the child care community. They are a natural partner for implementation of EWPHCCS. While CACFP works with the existing infrastructure of CCR&Rs to implement EWPHCCS, CACFP is flexible enough to work with other agencies, such as NYCDOHMH.

Length of time in the field: The intervention has been in the field since June 2006

IMPLEMENTATION

Main Components: The main components of the intervention include forming partnerships with key stakeholders, building capacity for implementation, selecting and assessing child care centers, providing training and technical assistance to center staff, and providing education and skill development opportunities to children and their parents.

1. *Forming Partnerships with Key Stakeholders*

The EWPHCCS intervention is based in the State Health Department, which administers CACFP in NYS. This office formed strong partnerships with key stakeholders to provide institutional support and infrastructure that is vital to the successful implementation of the intervention. Key partners include:

- The USDA Supplemental Nutrition Assistance Program Education (SNAP-Ed) provides dollar for dollar local share funding for this obesity prevention intervention. The USDA SNAP-ED provides support through the development and dissemination of nutrition education messages (e.g., “Maximizing the Message¹) and resources for the program.
- CCR&Rs and NYCDOHMH are responsible for hiring Registered Dietitians (RDs) and overseeing implementation of the intervention in selected child care centers.
- The NYS Office of Children and Family Services, the child care licensing agency in NYS, and the New York State Early Care and Learning Council, the statewide umbrella organization for CCR&R agencies, support implementation through CCR&Rs.
- Child care centers partner with the CCR&Rs and agree to support implementation of the various components of the intervention.
- Academic institutions, including Syracuse University, New York University and SUNY Cortland, provide expertise in nutrition and physical activity.

2. *Building Capacity for Implementation*

The EWPHCCS project provides funding to six CCR&Rs and to NYCDOHMH to serve as the organizational home for the EWPHCCS project in their service area. They then hire RDs to implement the intervention. The RDs attend an in-depth, interactive two and a half day training session conducted by NYS CACFP prior to implementing the intervention.

Supplemental materials are provided to the RDs to support implementation efforts. These supplies are needed to implement the activities and include: children’s books; DVDs and CDs; cooking equipment such as blenders, crockpots, and electric plates; and food preparation items such as can openers, cutting boards, measuring spoons and cups, and graters.

¹ U.S Department of Agriculture, Food and Nutrition Service. 2008. Maximizing the Message. United States Department of Agriculture.

3. *Selecting and Assessing Child Care Centers*

Child care centers are selected by the CCR&Rs and NYCDOHMH to receive the intervention based on each center's proportion of families eligible for free or reduced-price meals. Eligible centers are those in which 50% or more of families served are eligible for free or reduced-price meals; preference is given to those centers with the highest percentage of children eligible for free or reduced price meals.

The child care center director completes a self-assessment of the nutrition and physical activity policies and practices of the center using the Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) assessment tool and sets goals for improvement. The NAP SACC tool is used as a pre-assessment prior to implementation and as a post-assessment following the six to ten week implementation period.

4. *Providing Training for Child Care Center Staff*

The intervention uses staff training modules from the NAP SACC toolkit to train center teachers, administrators, and food service staff. Five staff training modules are available – Childhood Obesity, Healthy Eating, Physical Activity, Personal Health & Wellness, and Working with Families. At least two of the five modules are taught to center staff. Modules are selected based on the improvement goals set by the center.

5. *Providing Education and Skill Development for Children and Parents*

- The curriculum includes ten modules that focus on healthy eating and physical activity. The RD and child care center director select six child and parent lessons to teach at that center based on the goals of the individual child care center. Lessons are taught separately to children and parents on a weekly basis over a six to ten week period.
- Each child module includes a lesson plan, three suggested activities, and related handouts.
- Child lessons are designed to last 20-30 minutes. The nutritionist utilizes color photos, stories, puppets and other interactive activities to captivate and involve the children. The activities provide children with “hands on” learning opportunities, including preparing and sampling healthy foods and age-appropriate physical activities.
- At the end of each lesson, children take home a newsletter which introduces their families to the lesson of the day, and includes a recipe, activities, and suggestions for extending the lesson to the home. This handout is available in six languages: English, Spanish, Chinese, Russian, Arabic and French.
- Each of the ten modules also has a parent lesson plan and three innovative and interactive parent activities to support the objectives of the lesson. In parent/caregiver classes, the RDs utilize the EWPHCCS curriculum to teach the families of preschool children corresponding lessons about nutrition and physical activity; each lasts about 30-60 minutes.
- The RD uses emotion-based learning techniques to create a comfortable class environment where family members are willing to participate in an open and honest atmosphere. These include using open-ended questions, affirmations, reflective listening, and summarizing when working with parents/caregivers.²

² Morse, Teresa. “Touching Hearts, Touching Minds.” Eat Well Play Hard in Child Care Settings, Quarterly Meeting. Albany, NY. 7 January. 2008.

Keys to Success:

- Strong organizational leadership and commitment for this intervention at the federal (USDA SNAP-Ed), state (NYSDOH, CACFP), and community levels (CCR&Rs, NYCDOHMH),
- Formative work to better understand the target audience's needs,
- Systems in place to monitor the fidelity of program implementation,
- Quarterly trainings for RDs on EWPHCCS and ways to enhance the program's delivery and their services,
- Quarterly conference calls with RDs to provide program updates and facilitate the sharing of challenges and ways to overcome them,
- EWPHCCS staff go to child care centers in advance of the program's implementation to promote EWPHCCS and encourage parents to attend,
- Flexible and learner-centered lessons allow RDs to revisit topics that have been discussed before and tailor the activities to their setting,
- Reaching parents/caregivers through multiple channels, such as parent newsletters, parent classes, and child/teacher feedback extends reach,
- Food preparation and/or food tasting activities are typically included in classes because children enjoy being helpers and are encouraged to try new foods and parents benefit from food preparation and/or handling skills.

Barriers to Implementation:

- It is a challenge to identify funding,
- Child care centers are hard to schedule. For some RDs, it can take several attempts to reach a center to schedule a good time to implement,
- Each child care center environment is different and some have more space for lessons and activities than others,
- Many parents believe they are providing their children with a healthy diet, and therefore, choose to not attend parent classes,
- Parents lead busy lives and find it difficult to attend classes,
- Engaging parents during lessons can be difficult.

RESOURCES REQUIRED

Staff: One person should provide leadership and guidance for EWPHCCS at the state level. An EWPHCCS Program Director, preferably an RD, should manage and oversee program implementation, depending on the program size.

To implement EWPHCCS, 1 full time equivalent (FTE) RD is required for every 15 centers implementing in one calendar year. On average, 0.10 FTE administrative support staff is necessary to support each RD.

Training: The RDs are trained for 2 ½ days by CACFP prior to implementation of the intervention. This comprehensive training includes discussions of the childhood obesity epidemic, SNAP-Ed and CACFP; history of EWPHCCS and future visioning; EWPHCCS and NAP SACC curricula, toolkit, and survey tools; and work plans, budgeting, reporting and fiscal requirements. The RDs also practice presenting child and parent classes from the curriculum.

The intervention uses staff training modules from the NAP SACC toolkit to train center teachers, administrators, and food service staff. Five staff training modules are available – Childhood Obesity, Healthy Eating, Physical Activity, Personal Health & Wellness, and Working with Families. At least two of the five modules are taught to center staff. Modules are selected based on the improvement goals set by the center.

Materials:

	Estimated Cost
NAP SACC Assessment Tool	N/C
NAP SACC Modules (5 modules)	N/C
EWPHCCS curriculum (10 modules)	N/C
RD toolkit containing items needed to implement EWPHCCS	\$800 - \$1000
Computer and color printer	Variable
Office supplies	Variable

Funding: In NYS, primary funding for EWPHCCS is provided by SNAP-Ed. In addition, NYSDOH provides the program with local share money, some of which directly funds EWPHCCS. The rest of the local share dollars fund other nutrition education programs which target low-income children and families in NYS.

NYSDOH funds CCR&R agencies about \$98,000 per year to implement EWPHCCS in 15 centers. In addition to staff salaries, this covers RD travel, food and supplies for class activities, handouts, and parent incentives. NYS grantees are funded through one-year contracts with four one-year renewal options.

The NYCDOHMH provide most of their own local share funding to implement EWPHCCS in New York City child care centers.

UNDERLYING THEORY/EVIDENCE

Strategies Used³:

This program seeks to:

- Increase self-efficacy and behavioral capabilities of individuals through **skill-building activities** related to nutrition and physical activity behaviors, and
- Increase **social support** by creating a supportive environment to make behavior change.

Findings from the Early Assessment⁴:

Site visitors that conducted an early assessment of EWPHCCS concluded the following:

³ A full description of the *intervention strategies* used can be found on www.center-trt.org with references to the sources of evidence to support the strategies.

⁴ EWPHCCS participated in the Early Assessment of Programs and Policies to Prevent Childhood Obesity project, a collaborative effort of the Robert Wood Johnson Foundation, CDC Division of Nutrition, Physical Activity and Obesity, CDC Division of Adolescent and School Health, and Macro International. The findings in this section are based on the opinion of the site visitors and derived from the EWPHCCS Summary Report (December 2007).

- Comprehensive, multi-component school-based interventions can be effective at increasing vegetable and fruit consumption and increasing physical activity; therefore, it is plausible that this multi-component intervention could produce the desired outcomes of increasing fruit, vegetable, and low-fat dairy consumption and increasing physical activity among children and families in child care settings.

POTENTIAL PUBLIC HEALTH IMPACT

Reach: This intervention has the potential to reach all children and their primary caregivers in CACFP participating child care centers. Other communities with infrastructure to support program implementation could have similar reach to New York State. The target audience in NYS has been racially, ethnically, and geographically diverse.

Effectiveness: The evidence of EFFECTIVENESS is emerging for this intervention⁵. Evaluation is an important part of any program, and ongoing strategies are in place for EWPCCS program staff to gather process and outcome data that can be used to ascertain whether the program has been implemented as intended and if it has had a positive effect among child and adult participants.

Adoption and Implementation: The intervention has been adopted and replicated by six CCR&Rs in NYS and by the NYCDOHMH. Acceptability of the intervention by the targeted organizations is high. Implementation is monitored by the state EWPCCS Project Coordinator. Given the expansion of the intervention to additional child care centers, it appears that implementation is feasible.

Maintenance: There is strong institutional support for this intervention. It has been sustained in all of the initial sites and expanded each year since its inception in 2006. It is likely that the intervention can be maintained as long as funding is available to support the infrastructure.

INTERVENTION MATERIALS

The following materials are available for download from www.center-trt.org

- **Logic Model** conveys inputs, outputs, activities and outcomes of program
- **EWPCCS curriculum** includes the lessons, activities, and handouts in English
- **Parent Pages** include tips for parents, recipes, and activities to help reinforce what is learned in the child care center; they are provided for each of the ten modules in English, Arabic, Chinese, French, Russian, and Spanish
- **EWPCCS training agenda** lists the goals of the 2 ½ day training and provides a sample training agenda to orient RDs to the project expectations
- **EWPCCS toolkit document** provides a list of all of the items (e.g. measuring cups) that an RD needs in order to implement the intervention in child care centers
- **EWPCCS media toolkit document** provides a list of reference books, CDs, DVDs, and handouts that support an RD's efforts to implement the intervention in child care centers

⁵ The USDA, FNS has contracted with a private research institution to conduct a program evaluation study of the EWPCCS program. The evaluation will be completed by fall 2010.

- **Parent pre- and post-survey** includes questions about milk consumption, how often fruits, vegetables, and milk are offered, TV viewing and physical activity patterns of children, and confidence in their ability to perform healthy lifestyle behaviors.
- **Formative Literature Review** provides a brief summary with cited literature sources re: the focus on child care center programs.

ADDITIONAL INFORMATION

Intervention materials from the NAP SACC intervention⁶ are incorporated into the EWPHCCS program.

- **NAP SACC Assessment Tool**, which is a self-assessment of the eating and physical activity environment of the childcare center.
- **NAP SACC Training Modules** are used to train center teachers, administrators, and food service staff. Five staff training modules are available – Childhood Obesity, Healthy Eating, Physical Activity, Personal Health & Wellness, and Working with Families.

Web links:

The following link provides a brief overview of the initiative:

http://www.health.state.ny.us/statistics/prevention/nutrition/cacfp/eat_well_play_hard.htm

RDs can access a training video on emotion-based counseling, a process of using underlying emotional motivators to drive behavior change. They can learn more about this process at:

http://www.touchingheartstouchingminds.com/tools_video.php.

In addition, there is more information about this process and tips for counseling at:

http://www.touchingheartstouchingminds.com/overview_emotioncounseling.php

Training/Technical Assistance available:

Please contact Connie Stephano, the EWPHCCS Program Director, for technical assistance.

Program Contact:

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⁶ The NAP SACC intervention was reviewed by the Center TRT and posted as a research-tested intervention. EWPHCCS uses the NAP SACC self-assessment tool for child care centers and the continuing education modules for child care providers. These intervention materials are available at:

<http://www.center-trt.org/index.cfm?fa=opinterventions.intervention&intervention=napsacc&page=intent>