



Using the Spectrum of Opportunities to Support Childhood Obesity Prevention In Early Care & Education Settings

Alabama Case Study

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National Early Care and Education Learning Collaboratives (ECELC) Integration of Childhood Obesity Prevention into State/Local ECE Systems Overview as of September 2018

National ECELC

Launched fall 2012, the National Early Care and Education Learning Collaborative (ECELC) is a six-year, Centers for Disease Control and Prevention (CDC)-funded effort, implemented by Nemours and partners. ECELC was designed to prevent childhood obesity through the spread of impactful, sustainable policy and practice improvements in the early care and education (ECE) setting with respect to healthy eating, physical activity, breastfeeding and screen time (HEPA).

The ECELC project partners with organizations in states and communities to 1) provide an intensive ‘learning collaborative’ obesity prevention intervention to groups of center and home-based ECE providers (child care, Head Start, pre-kindergarten), and 2) better integrate national obesity prevention standards¹ and implementation support for these standards into components of state and local ECE systems.

As of September 2018, eight states (Alabama, Arizona, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey) and four communities (North/Central Florida, South Florida, Los Angeles County California, Contra Costa County California) have participated in the National ECELC. The intervention¹ typically consists of five in-person learning sessions spread over a 10-month period, ongoing technical assistance for participating ECE providers, and access to tools, materials and resources.

Childhood obesity is a national epidemic and obesity prevention is an increasing focus for states supporting the healthy development of young children. Studies have shown that in the United States, approximately 23% of children ages 2 to 5 years old are overweight or obese.

Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA. 2014;311(8):806-814.

Integrating Obesity Prevention into ECE Systems Using CDC’s Framework

Through this project, partners worked intentionally to understand the extent to which support for standards had been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC’s ‘The Spectrum of Opportunities Framework for State-Level Obesity Prevention Efforts’ as a framework to identify gaps and opportunities for further integration and, working with broad internal stakeholder groups, select and pursue integration action steps. Integration efforts spread awareness of standards and built upon the main objectives of ECELC—increase number of ECE programs meeting standards, and increase the proportion of young children in programs that meet these standards.

Many factors influenced how and when integration of best practice support into ECE systems was achieved. This case study series explores some of the integration opportunities pursued by each state/community, the outcomes of these efforts, and factors that may have hindered or enhanced their success. The uniqueness of each state or local ECE system (e.g., licensing, Quality Rating and Improvement Systems (QRIS), stakeholder groups) is described as an important contextual factor for integration activities.

Figure 1: CDC Spectrum of Opportunities (2.0)



Development and Purpose of State Case Studies

In fall 2016, Nemours gathered information from its ECELC partners, reviewed monthly progress and integration plans, and compiled case studies describing each partner's integration efforts. Reports for several states/communities and reports by Spectrum area were completed in July 2017 and posted on www.healthykidshealthyfuture.org.² In summer 2018, Nemours updated these case studies to reflect the continued successes of ECELC state partners. These case studies provide real-life examples of how partners have leveraged initiatives (i.e. ECELC), funding, stakeholder engagement, and other factors to integrate HEPA practices/activities into ECE systems. The reports discuss how federal funding streams/initiatives (e.g., CACFP, Child Care Development Fund, State Public Health Actions – 1305) are leveraged in a variety of ways *alongside* state or local resources to achieve integration activities across the Spectrum. Case studies serve multiple purposes: reflection, information sharing, and planning.

Reflection. Development of case study reports provided an opportunity for National ECELC partners to reflect on their pathway, progress, key challenges and lessons learned. This also allowed reflection on what was accomplished, how it was achieved and who was involved.

Information sharing. Case study reports provide valuable information at multiple levels. In the participating state or community, the case study may be a communication tool for partners' information sharing with stakeholders. For other participating ECELC states or communities, they provide an opportunity to learn about the impact driven by participation in the National ECELC project. For stakeholders in non-ECELC states and communities, the case studies are an opportunity to learn how others have integrated HEPA into ECE systems.

Planning. For National ECELC partners, their case study reports may help to serve as a planning tool for continued improvement and momentum. By reflecting on challenges and lessons learned, partners can celebrate the successes while focusing on filling gaps and continuing to integrate ECE obesity prevention efforts. For states and communities that have not participated in ECELC but are working on childhood obesity prevention via state or local ECE systems, case study reports provide a roadmap for possible change. Case study reports from those that have traveled a similar journey will help others consider a systems perspective for integration from the beginning.

The ECELC case study series explores some of the integration opportunities pursued by each state and community, the outcomes of these efforts, and factors that may have hindered or enhanced their success. Integration activities are characterized by their primary focus within the Spectrum of Opportunities. This summary report describes information learned, reflections, and recommendations from across the case studies.

Summary of Obesity Prevention Integration Activities Across States and Communities

Over the course of their participation in the National ECELC project, partners pursued integration activities across the Spectrum of Opportunities. Certain areas have risen to the top among partners' work. In particular, pre-service and professional development systems, licensing and administrative regulations, and QRIS. Many partners' activities touched multiple areas of the Spectrum of Opportunities despite being characterized under one primary area. The most prominent areas for each state or community are highlighted in their report.

The following summarizes partner activities within each area of the Spectrum of Opportunities. Additional detail about each area is available in the *Spectrum of Opportunities State Integration Highlights* reports, available at www.healthykidshealthyfuture.org.

Pre-service and Professional Development Systems. Pre-service and Professional Development Systems were the area of the Spectrum of Opportunities most frequently leveraged by partners participating in the National ECELC. Nine out of eleven used Pre-service and Professional development to integrate HEPA activities. Partners in Arizona and Kentucky created *online modules aligned with HEPA standards*, and, in Kentucky, technical assistance packages accompany those modules and enhance trainers' ability to support ECE programs to make changes. Other partners created *new trainings* to meet needs identified by ECE providers or stakeholders. For example, an infant/toddler feeding training was developed in Indiana, and parent trainings in Los Angeles.

The *development of toolkits* was another commonly used strategy to help large numbers of ECE providers make and sustain HEPA changes. In Los Angeles, partners developed a Breastfeeding Friendly Child Care Toolkit, and Indiana partners created a Family Engagement Toolkit, which is now an online module for ECE providers. Similarly, the partner in New Jersey developed *Policy Packets and Kits* to help give ECE providers the tools and language needed to make HEPA changes in their programs. In Virginia, *'supply kits'* were provided to technical assistance providers to share with ECE providers to encourage them to focus on HEPA changes. Alabama trained professional development providers as well as licensing consultants on HEPA best practices.

Many partners that focused on Pre-service and Professional Development as an integration strategy strived to *ensure that continuing education units (CEUs) and licensing clock hours/in-service hours were available for ECE providers* participating in the learning collaboratives and in new and existing HEPA trainings.

Licensing and Administrative Regulations. Six partners focused on Licensing and Administrative Regulations as a primary integration strategy. In Alabama, Kentucky, Los Angeles, CA, Missouri, and New Jersey this centered on *promoting the inclusion of HEPA standards in licensing regulations*. In each of the states, the effort is ongoing; it is a lengthy administrative process to update licensing regulations. Arizona has a highly visible HEPA initiative (Empower) in place tied to state licensing regulations and the *National ECELC was co-branded* to align with the program as Empower PLUS+. The partner in Arizona leverages licensing and QRIS support and *aligns training and data collection* for a coordinated strategy to support the achievement of HEPA practices in ECE settings. In California, stakeholders *built upon legislation that requires new licensed providers participating in Preventive Health and Safety Practices (PHSP) Training to receive a 1-hour training on child nutrition*. Partners aligned curricula and existing training with the new child nutrition training to ensure providers are up-to-date with current information.

Quality Rating and Improvement Systems (QRIS). Six partners in Indiana, Kansas, Los Angeles, CA, New Jersey, South Florida, and Virginia focused on QRIS as a primary integration strategy. Partners in these states have *engaged with stakeholders—public and private—to leverage the reach and potential of QRIS to weave HEPA topics into broader quality improvement strategies*. Five of the six partners that focused on QRIS did so from the perspective of *integrating HEPA standards into QRIS, either through the launch of a new QRIS or revisions to an existing QRIS*. In New Jersey, the partner successfully included a *HEPA-focused self-assessment (Let's Move! Child Care) in the state's QRIS*. In three of these states, South Florida, Kansas, and New Jersey—as well as Virginia³—the partner made efforts to *train QRIS technical assistants* to enhance their ability to assist ECE programs in their efforts to achieve HEPA best practice standards. Additionally, Virginia co-created an on-line QRIS module that explicitly *linked HEPA best practices to Virginia's Early Learning Standards and QRIS system*.

ECE Funding Streams. Three states used ECE Funding Streams to further their integration work. In North/Central Florida and Indiana, partners collaborated with Head Start grantees to successfully *modify the National ECELC approach to meet the specific needs of Head Start programs*. Alabama secured *funding through the Child Care Development Fund* to expand ECELC to other counties in the state and Indiana *secured additional grant funding* to expand ECELC to reach new providers as well.

Child Care Food Program (CACFP). Partners in Missouri, Virginia, Indiana, and Alabama are using CACFP as a primary integration strategy. In Missouri, the state's existing CACFP recognition program Eat Smart and MOve Smart, was aligned to the National ECELC around *messaging and supports*. Eat Smart, in particular, focuses on supporting ECE programs to meet nutrition standards, including CACFP for those meeting more advanced standards. The National ECELC project helped to *add bandwidth through learning collaboratives to provide technical assistance to help ECE programs implement best practice nutrition standards and receive recognition*.

The partner in Virginia is similarly focused on *expanding the bandwidth of technical assistance, and in particular state CACFP and Infant Toddler Specialists, to assist ECE providers in their efforts to meet or exceed HEPA standards*. Stakeholders in Virginia held a *CACFP Summit* that resulted in the formation of workgroups to address barriers to ECE provider enrollment in CACFP and how these barriers can be overcome so that more eligible providers will participate.

Work in Indiana and Alabama is focused on increasing awareness and provider participation. Indiana conducted CACFP mapping of participants, and created *marketing and outreach tools to increase enrollment of new providers*. Alabama also completed mapping of providers and is working to *develop outreach tools to increase participation*.

Statewide Recognition and Intervention Programs. Partners in three states focused on Statewide Recognition and Intervention Programs—South Florida, North/Central Florida, and Alabama. In 2018, Florida partners worked to *create and launch a Statewide Early Childhood Education Recognition Program*. The program celebrates ECE programs that prioritize healthy eating and physical activity best practices. Alabama is working to launch a *statewide breastfeeding friendly designation* program, providing a toolkit and training for interested providers.

Technical Assistance. Three partners (in Kansas, Kentucky, and Virginia) focused on Technical Assistance as a primary integration activity.⁴ The partner in Kansas *collaborated with stakeholders to enhance the collective capacity* to increase healthy lifestyles in ECE. They supported a stakeholder initiative by providing *technical assistance for ECE programs to complete HEPA assessments and plan for change*. In Virginia, HEPA is incorporated into a variety of technical assistance supports. Technical assistance strategies accompanied implementation of a CDC-funded Go NAP SACC pilot, a “Rev Your Bev” campaign to engage children 0-5 in healthy lifestyles, as well as implementation of a breastfeeding friendly child care environments initiative. In Kentucky, there is an active 5-2-1-0 campaign to educate families on healthy, active living for young children. With 1305 funds, the state partner *developed a train the trainer course for ECE credentialed trainers to support their ability to deliver a 2-hour 5-2-1-0 training to ECE providers and families*. A similar online training on how to use 5-2-1-0 with parents was also developed.

Statewide Access Initiatives. Partners in South Florida and Alabama focused on statewide access initiatives. South Florida worked to *integrate childhood obesity prevention/intervention into the referral service Help Me Grow*. This allows Help Me Grow to connect families with health care providers and community agencies to support children’s healthy weight. In Alabama, partners have been working on implementing a statewide initiative to *provide support to ECE programs regarding procuring fresh and locally grown produce* for use in the child care setting through Farm to ECE.

Exploring Challenges and Lessons Learned

When looking across states it becomes apparent that the challenges and lessons partners experience while working toward integration activities are quite similar and fall into the following categories:

Pace. Partners find that changes to the ECE system—most notably QRIS and licensing regulations—take significant time. The pace of change is slow due to administrative processes, changing priorities, staff turnover or other factors that cause delays in finalizing and implementing revised systems.

Navigating funding streams. Funding can be a barrier to change, and partners experience this from multiple perspectives. There is no dedicated funding stream for HEPA program improvement in ECE. Often partners have to seek grant funding to support integration activities or fight for public funds for HEPA versus other program improvement areas. Other funding-related challenges include having to weave together multiple funding sources to support integration activities, balancing the uncertainty of state budgets and the longevity of funded projects. Partners also depend on funding to maintain momentum and struggle to enhance existing initiatives with static funding.

Creating change within voluntary systems. As it relates to QRIS or other voluntary statewide initiatives (e.g., Arizona’s Empower program) partners have had to consider the depth of impact within voluntary systems. In some states, the QRIS reaches only a small number of ECE providers. In other states, exemptions to licensing requirements mean many ECE providers operate outside the regulatory system. With a focus on encouraging implementation of best practice HEPA standards across all ECE settings, some partners have had to balance that expectation with what is feasible within the existing systems.

Coordination among multiple partners or stakeholders. In many states multiple projects, initiatives, stakeholder groups, or public and private entities touch the ECE system and childhood obesity prevention. Creating shared goals and a coordinated path forward is a challenge for some partners, and particularly those that did not have an active ECELC stakeholder group or other group of key individuals already with buy-in and focused on creating an aligned strategy.

Staff and leadership turnover. When staff who were deeply involved in a particular effort left their position there were periods of having to restart collaborations or reconfirm priorities and paths forward. This also proved true with turnover at the state leadership level. Changes in administration and the political climate within a state may translate into changes in statewide priorities or funding allocations.

Technical assistance resources. Many of the integration efforts focus on *Spectrum of Opportunities* areas where technical assistance resources are available. For example, partners may access information about state licensing regulations and language for HEPA standards. They are also able to get ideas of how to build and integrate HEPA areas into QRIS. At the same time, there are few resources available on building new technical assistance networks or strategies to train existing networks not already knowledgeable on HEPA.

Course correction. As partners work toward integration activities, it is not uncommon to change course. A variety of factors (e.g., stakeholder buy-in, leadership priorities, staffing, funding) impact the degree to which partners were able to maintain course on particular strategies. Maintaining flexibility and adaptability have proven important factors for successfully integrating HEPA into state systems. Similarly, many partners targeted ‘easy wins’ alongside bigger, more challenging changes. This allowed them to celebrate successes while simultaneously navigating the course to more significant (and often time-consuming and more resource driven) changes to the ECE system.

Reflections and Recommendations

When considering the factors that contributed to partners' success integrating HEPA activities into ECE systems, a few themes emerged. The partners themselves agree that these are the roadblocks encountered and paths forward. The following recommendations lay out suggested steps for consideration on the journey to fully integrate HEPA best practices into ECE systems.

Recommendation 1:

Establish a system to become aware of new or unexplored funding opportunities and have an ability to respond to opportunities when they arise.

Successful partners had an ability to respond to external opportunities when they presented themselves. This is particularly evident related to funding, whether to expand the reach of provider level initiatives (e.g., North/Central Florida leveraging 1305 fund collaboratives in an underserved region), launch new programs (e.g., South Florida's Early Childhood Education Structured Physical Activity (ECESPA) project), campaigns (e.g. Kentucky's 5-2-1-0) or training. Continuously re-scan the environment to determine if there are new or unexplored opportunities.

Recommendation 2:

Maintain flexibility with integration pathways and understand priorities, timing, and potential roadblocks.

The timing of external opportunities played an important role in partners' ability to create change. In states or communities where certain systems-level changes were already in process, for instance revisions to QRIS or licensing regulations, partners took advantage of the opportunity to weave HEPA into existing change efforts. Given the complexity and time required to update QRIS standards and/or licensing regulations, leaders can only make significant headway when there is already momentum towards revision. This was also true when certain strategies (e.g. licensing) may have been politically sensitive and a non-starter in certain political climates.

Recommendation 3:

Be strategic about convening and using a stakeholder group and maintaining relationships with key individuals and organizations.

Convening and using a stakeholder group – whether tapping into an existing group or forming a new one—can serve important purposes, including enhancing buy-in, understanding stakeholders' priorities, aligning efforts, highlighting potential roadblocks, and identifying cross-sector opportunities for integration. Convene a stakeholder group and maintain strong relationships outside of the stakeholder group. Given at times slow pace of change and turnover in staff positions, it is possible for integration planning to hit roadblocks. Focus on relationship building because work may not sustain if and when key individuals or change-leaders leave an organization.

Recommendation 4:

Manage planning, expectations of stakeholders, and communication with providers with respect to the pace of change.

The at-times slow pace of change, particularly related to QRIS and licensing regulations, proved challenging for partners. To the extent possible, manage expectations with stakeholders and providers about the pace of change, and plan accordingly for delays in development or implementation of updated systems. Acknowledge with stakeholders that many integration activities are ongoing and take time. Stakeholders should remain advocates for change throughout the process, and in particular, when there are changes in leadership or staff that may require a 're-start' on aspects of integration pathways. In other cases, it might be necessary need to wait for the right timing, buy-in, or funding to address particular integration activities. Be aware of those factors from the beginning and plan accordingly.

Recommendation 5:

Determine from the onset where change takes place and put the appropriate resources and people in place to support the effort.

When planning integration activities, determine which stakeholder(s) is in the best position to lead the work. The type of organization may help or hinder integration activities. For example, in some cases a state agency may be the best fit given administrative oversight of key systems, whereas in other instances a private stakeholder may be better suited to advocate for change needed within a state agency. This ties back to the importance of having a dedicated stakeholder group that can identify the best champion(s) for integration activities and having the right people/agencies at the table to support change. Regardless of where changes are taking place within the system, have a person focused on policy change and navigating the 'pre-work' to ensure proper procedures and timelines are followed.

Looking Ahead—A Continued Focus on Integration

By using the case studies to understand and learn from the unique journey of states and communities in the National ECELC project, others interested in implementing the National ECELC model or a similar initiative can establish an integration pathway from the onset. Case studies share real-life examples of integration activities. While state infrastructure, stakeholders, funding, priorities, and context differ from state to state, themes emerging from case studies help to paint a picture of how to successfully integrate HEPA into systems. Case studies showcase that variety and highlight the pathways partners traveled as they worked to integrate HEPA into their ECE systems.

Integration activities are evolving and ongoing, and thus, the National ECELC case study reports will be updated in the future to reflect new ideas, activities, and accomplishments. There is opportunity for continued learning and improvements in system building for National ECELC partners as they reflect on their own journey and the journeys of their peers.

National ECELC

Launched fall 2012, the National Early Care and Education Learning Collaborative (ECELC) is a six-year, Centers for Disease Control and Prevention (CDC)-funded effort, implemented by Nemours and partners. ECELC was designed to spread impactful, sustainable policy and practice improvements in the early care and education (ECE) setting with respect to nutrition, breastfeeding support, physical activity, and screen time in order to prevent childhood obesity.

The ECELC project partners with organizations in states and communities to 1) provide an intensive ‘learning collaboratives’ obesity prevention intervention to groups of center and home-based ECE providers (child care, Head Start, pre-kindergarten), and 2) better integrate national obesity prevention standards¹ and implementation support for these standards into components of state and local ECE systems.

As of July 2018, 8 states (Alabama, Arizona, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey) and 4 communities (North/Central Florida, South Florida, Los Angeles County California, Contra Costa County California) have participated in the National ECELC. The intervention⁵ typically consists of 5 in-person learning sessions spread over a 10-month period, ongoing technical assistance for participating ECE providers, and access to tools, materials and resources.

Childhood obesity is a national epidemic and obesity prevention is an increasing focus for states supporting the healthy development of young children. Studies have shown that in the United States, approximately 23% of children ages 2 to 5 years old are overweight or obese.

Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA. 2014;311(8):806-814.

Integrating Obesity Prevention into State ECE System Components Using CDC’s Framework

Through this project, partners worked intentionally to understand the extent to which support for standards has been integrated into components of their ECE system. Assisted by technical assistance from Nemours, partners used the CDC’s ‘Spectrum of Opportunities for Obesity Prevention in the ECE Setting’ as a framework to identify gaps and opportunities for further integration and, working with broad internal stakeholder groups, select and pursue integration action steps. Integration efforts spread awareness of standards and build upon the main objectives of ECELC—increase number of programs meeting these standards, and increase the proportion of young children in programs that meet these standards.

Many factors influence how and when integration of best practice support into ECE system can be achieved. Standards and implementation support for these standards can be successfully integrated into the various components of an ECE system. This case study series explores the integration opportunities pursued by each state, the outcomes of these efforts, and factors that may have hindered or enhanced their success. The uniqueness of each state or local ECE system (e.g., licensing, Quality Rating and Improvement Systems (QRIS), stakeholder groups) is described as an important factor for integration success.

CDC Spectrum of Opportunities

CDC’s *Spectrum of Opportunities* framework (Figure 1; the Spectrum) identifies several ways that states, and to some extent communities, can support ECE programs in their abilities to achieve recommended standards and best practices for obesity prevention.⁶ Many states implement a coordinated approach to integration, drawing from multiple opportunities to reach providers. The avenues chosen by states and communities for integration efforts may depend on resources, costs, partnerships, stakeholder support, as well as provider needs.

National Efforts and Factors for Integration

In addition to factors at the state level (e.g., licensing, QRIS, professional development systems), states' and communities' ability to achieve integration of childhood obesity prevention components within ECE systems is often influenced by national policy, funding, and initiatives. Examples of such factors are listed below. While there is some direct overlap with the *Spectrum of Opportunities* (e.g., CACFP), these factors are generally broader than the avenues illustrated in the Spectrum and may impact multiple spectrum areas different spectrum areas for each state. The major federal funding streams/initiatives that follow are consistent across all states and serve as the backdrop for state ECE systems. State case study reports describe how these funding streams/initiatives are leveraged in a variety of ways (alongside state resources) to achieve integration activities across the Spectrum.

Child and Adult Care Food Program (CACFP)⁷ – CACFP

is a federal program that provides funding reimbursement for meals and snacks served to low-income children in ECE settings. Participating ECE programs follow CACFP standards regarding meal patterns and portions. Many states provide training or technical assistance to ECE providers related to CACFP, and some use CACFP as a guide for licensing regulations, QRIS standards, or other state-based programs. In early 2016 CACFP standards were revised, providing an opportunity and increased need for training and supports from states to ECE providers on implementation of nutrition best practices.

Child Care and Development Fund (CCDF)⁸ – CCDF funding to states supports subsidized child care services, and also includes a portion of funding which must be used to improve the quality of care in ECE settings. The minimum amount of funding which states must use to support quality activities was increased as part of the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG). Quality funds may support professional development, training, grants, or programs to providers, along with systemic improvements to enhance the quality of care for young children. Children's health and wellness may be a central focus of CCDF-funded efforts in states.

State Public Health Actions – 1305⁹: CDC supports efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. Through a federal grant (1305), all 50 states and the District of Columbia receive funds to help prevent these chronic diseases. 1305 focuses on healthy environments in workplaces, schools, early childhood education facilities, and in the community. This program also focuses on working through health systems and communities to reduce complications from multiple chronic diseases such as diabetes, heart disease, and stroke. The goal is to make healthy living easier for all Americans. Recently, CDC added a new 1305 requirement for states around physical activity in ECE settings. Since all states receive 1305 funding (basic and/or enhanced) and are required to set goals and performance measures, the new requirement forced state health departments to develop strategies for ECE providers.

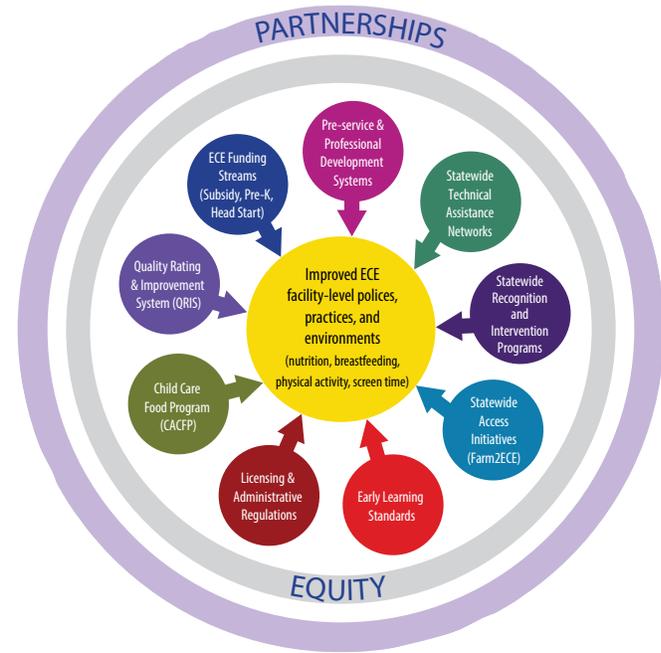


Figure 2: CDC Spectrum of Opportunities (2.0)

Alabama

Implementing Partner: Alabama Partnership for Children (APC) CDC Spectrum of Opportunity Case Study

Participation in National Early Care and Education Learning Collaborative (ECELC): 2016 – 2018

ECE programs trained¹⁰: 106

Approximate number of children served by trained programs: 5,162

CDC Spectrum of Opportunities areas of focus:

- **Statewide Technical Assistance Networks** – Leveraged funding for multiple technical assistance strategies that support Early Care and Education (ECE) providers with tools, materials, and resources to integrate obesity prevention policies and practices into their program.
- **Child Care Food Program (CACFP)** – Spearheaded the Alabama Early Childhood Nutrition Summit, the first in the state to focus on young children’s healthy eating. Worked with the Food Research and Action Center (FRAC) to develop GIS maps highlighting providers for targeted outreach for participation in CACFP.
- **Pre-Service and Professional Development Systems** – Provided obesity prevention training and materials to professional development providers and Alabama Department of Human Resources (DHR) child care licensing consultants.
- **Statewide Recognition and Intervention Programs** – With partners, developed the Alabama Breastfeeding Friendly Child Care (BFCC) Initiative.
- **Licensing and Administrative Regulations** – Supported the campaign to improve licensing standards for obesity prevention related to nutrition, physical activity and screen time by engaging child care providers as advocates and submitting recommendations to partners and the Alabama Department of Human Resources (DHR).
- **Statewide Access Initiatives** – Organized an Alabama Farm to ECE Coalition, completed focus groups and needs assessment, and are developing an Alabama Farm to ECE Strategic Plan.
- **ECE Funding Streams** – Submitted a funding proposal to the AL child care agency to implement two learning collaboratives. Funded for a two-year grant beginning October 2018 through the Child Care Development Fund (CCDF) quality initiatives.

Setting the Stage

In 2016, Alabama was selected by Nemours and CDC to join the ten states already implementing learning collaboratives through the National Early Care and Education Learning Collaboratives (ECELC) Project. Alabama was chosen based on general readiness for the project, high rates of childhood obesity, high prevalence of children living in poverty, and need for an Early Care and Education (ECE) obesity intervention. The Alabama Partnership for Children (APC) served as Nemours’ State Implementing Partner and hired a Project Coordinator to facilitate and manage the project.

The APC is a public-private partnership with a focus on children pre-birth to age five. The agency’s structure and leadership have proven to be invaluable in coordinating several broad-based programs and initiatives that bring a cross-sector and targeted focus to concerns for young children in Alabama. Since 2002, APC has served as a neutral convening partner and has provided the coordinating structure for the diverse and often complex world of early childhood. Just as important, the agency has provided stability and a sustained focus on young children through election cycles, leadership changes, and budget concerns.

With ten state agency heads on the APC board of directors, as well as representation of all sectors of health, family support, early childhood education, and business leaders, APC has demonstrated success in managing programs and initiatives that address all aspects of young children’s healthy development. The agency has

had success building service-delivery capacity in local communities by providing leadership, guidance, and support for innovation. APC has developed strong and effective partnerships with state and local entities, promoted and enabled implementation of best practices and programs, and coordinated efforts to ensure a holistic and integrated approach to how they support young children and their families.

In partnership with the Alabama Department of Public Health (ADPH), APC administered the Early Childhood Comprehensive Systems¹¹ (ECCS) initiative that resulted in the state's Blueprint for Zero to Five (Blueprint). The Blueprint provided AL with its first comprehensive framework for meeting indicators of child well-being through a collaborative (cross agency, public and private, state and local) approach. Within this framework, APC supports state and local partners in identifying indicators of child well-being and developing approaches to improving them. The Blueprint has been the springboard for the state's adoption of the Strengthening Families™ Initiative, Help Me Grow (HMG) Alabama, Alabama Project LAUNCH¹², and the Alabama School Readiness Alliance. A statewide leadership team (Blueprint Advisory Committee) has evolved into the Project LAUNCH Young Child Wellness Council (YCWC) that coordinates meetings and work sessions with the HMG Alabama and Strengthening Families™ leadership teams.

In 2018, APC and nearly 30 organizations that make up the Alabama YCWC introduced the 2018 Blueprint for Strong Families, School Readiness, and Prosperity. The 2018 priorities focus on Families and Communities, Health, and Early Education. From low educational and health outcomes to high crime and addiction rates, the biggest challenges are related to children birth to five.

APC guides the work of the ECELC and ensures that the program is well-coordinated within existing initiatives and that state agencies and local service providers, as well as parents, are represented in the planning and implementation of the program. The strength of existing frameworks and the track record of effective collaboration positioned APC to integrate childhood obesity prevention as a much-needed component of optimal early childhood development.

State Efforts Addressing Childhood Obesity

From 2015-2018, the Alabama Partnership for Children (APC) served as an implementation partner for the National Early Care and Education Learning Collaboratives (ECELC) program. With the launch of the ECELC, APC formed an Early Childhood Obesity Prevention Stakeholder Group (Stakeholder Group) with more than 70 members to collaborate around a common goal. Members include representatives from state agencies, organizations that provide resources and trainings to ECE providers, child advocacy organizations, ECE providers and others. Through this opportunity, the Stakeholder Group convenes quarterly and utilizes the CDC's Spectrum of Opportunities to identify potential areas of improvement to build support and collaboration for systemic program and policy change. Together the Stakeholder Group coordinates with the Alabama Obesity Task Force to address early childhood obesity in Alabama.

The APC works to ensure that best practices for ECE programs are included in statewide initiatives and plans. The Alabama Obesity Task Force is planning to finalize the State Nutrition and Physical Activity Plans in 2019, and the APC coordinated communication to ensure that ECE best practices, goals and objectives are included that align with the CDC's Spectrum of Opportunities. In addition, the APC engages state agencies that lead the

TIMELINE

2015

- APC was awarded a technical assistance opportunity through Child Care Aware® of America's Healthy Child Care, Healthy Communities Project.
- Alabama Quality STARS Program was fully implemented.

2016

- Nemours funds a partnership led by APC to support ECE practice level and systems changes to prevent childhood obesity.
- ECELC launched in Jefferson and Tuscaloosa County regions.
- With 1305 funding, the Alabama Department of Public Health provided a physical activity training for nurse health consultants and other ECE trainers.

2017

- ECELC expanded into Mobile and Montgomery County regions.
- Alabama State Department of Education hosted a physical activity training targeting First Class Pre-K teachers and child care providers.

2018

- The Alabama Farm to ECE Coalition was awarded a technical assistance opportunity through Child Care Aware® of America's Healthy Child Care, Healthy Communities Project.
- APC and partners hosted the Alabama Early Childhood Nutrition Summit.
- APC received a grant from DHR to expand the work of the ECELC and launch two new collaboratives.
- APC awarded two-year opportunity from Nemours to implement the online Go NAP SACC program.

Alabama Quality STARS Program and the First Class Pre-K Program in order to support providers participating in those programs to implement obesity prevention best practices and to strengthen existing guidelines that support best practices for nutrition, physical activity and screen time.

In 2015, APC was selected for the two-year Healthy Child Care, Healthy Communities (HCCHC) Project, a technical assistance program led by Child Care Aware® of America (CCA) to emphasize health, nutrition, and obesity prevention in state ECE systems. As part of this program, APC focused on engaging an advisory team from the Stakeholder Group partners, including Childcare Resources, Child Development Resources, and VOICES for Alabama’s Children (VOICES), to work on health in ECE settings. This group submitted comments to DHR¹³ regarding the CCDF State Plan, engaged Alabama’s CACFP state agency in conversations around increasing participation, and developed a Farm to ECE Coalition to provide technical assistance and support to ECE providers interested in Farm to ECE activities.

In 2018, the Farm to ECE Coalition was awarded an additional technical assistance opportunity through CCA’s HCCHC Project to further Alabama’s Farm to ECE efforts. In Alabama, this effort is important because agriculture is one of the largest industries in the state, and given the high rates of poverty, food deserts, obesity, and food insecurity, partners in Alabama see a great opportunity to both provide fresh produce to ECE providers in areas where there is low access and to support the local economy by engaging small and minority farmers. The Farm to ECE initiative strives to connect ECE programs with local agriculture, including farmers and farmers markets, which will expose young children to fresh and nutritious foods, some of which are new to them. By December 2018, the Coalition will develop a strategic plan to guide the Coalition’s vision to ensure that ECE providers, regardless of geographic location, program type or socioeconomic status, will have access to sufficient information, resources and support and are empowered to successfully implement Farm to ECE initiatives.

APC has secured funding from two sources to continue efforts to educate and engage ECE providers. Through the funding increase for CCDF quality initiatives, DHR funded APC for two years to implement ECELC learning collaboratives. Additionally, Nemours via CDC awarded APC two years of funding for access to online Go NAP SACC.

Establishing a Path to Success – A Plan for Integration

When APC was funded to implement ECELC in 2016, integration of obesity prevention efforts into existing ECE systems and supports was an important aspect of their work. Nemours and CDC staff participated in the launch of the Stakeholder Group in April 2016 and provided an overview of the Spectrum of Opportunities and discussed areas of opportunity for integration of childhood obesity best practices into ECE systems. The Stakeholder Group worked on developing a comprehensive integration plan in collaboration with several statewide initiatives and organizations, including Helm Me Grow Alabama, CACFP, Alabama Department of Public Health (ADPH), the Alabama Cooperative Extension System (ACES), and VOICES.

While APC and the Stakeholder Group identified opportunities across all areas of the CDC Spectrum of Opportunities, their focus was on four areas (See Figure 1):

1. Launching a **statewide recognition program** to recognize breastfeeding friendly ECE providers;
2. Broadening the reach of **CACFP** to ECE providers serving low income children at risk for obesity;
3. Developing partnerships and plans for Farm to ECE as a **statewide access initiative**; and
4. Advocating for enhanced **licensing and administrative** regulations regarding nutrition, physical activity and screen time standards for all types of ECE.

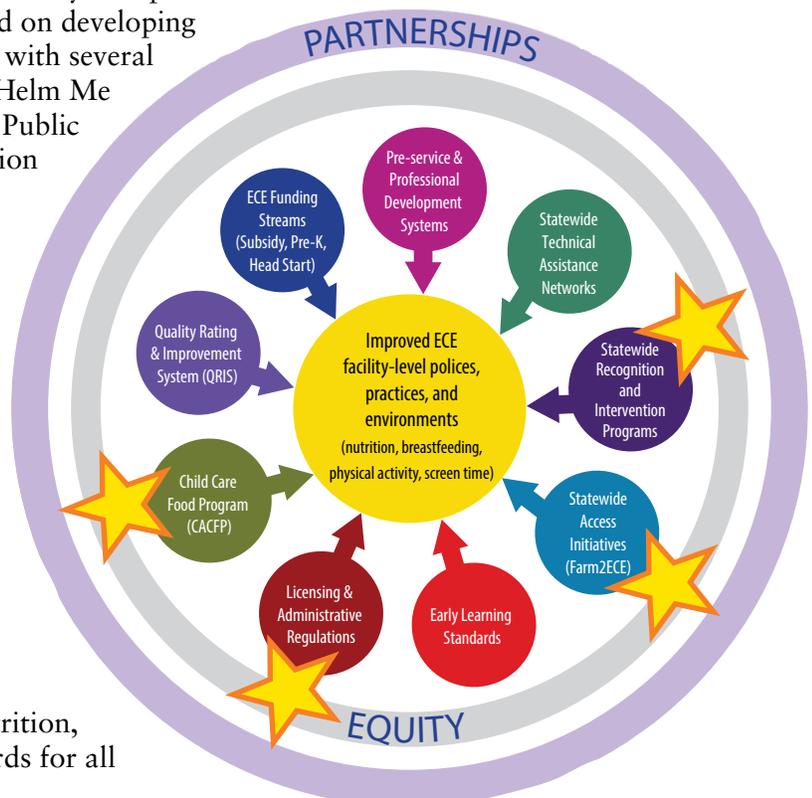


Figure 3: State Areas of Focus within the CDC Spectrum of Opportunities (2.0)

ALABAMA EARLY CHILDHOOD NUTRITION SUMMIT

APC spearheaded the development and implementation of the Alabama Early Childhood Nutrition Summit in August 2018. The success of the Summit was evidence of the work APC and the Stakeholder Group has focused on over the last two and a half years to build partnerships, coordinate collaborative projects, and develop programs to support ECE providers. This event brought together over 120 partners from across the state and focused on making connections between the CDC's Spectrum of Opportunities as a guiding force for the Stakeholder Group's work and the projects that are in place, calling everyone to action to make changes to impact the health and well-being of young children in Alabama. This Summit was a joint effort of the Alabama Partnership for Children, Alabama Department of Public Health, End Child Hunger in Alabama Task Force, Alabama Department of Education: Child and Adult Care Food Program (CACFP), Family Child Care Partnerships, VOICES for Alabama's Children, Alabama Department of Early Childhood Education, and Alabama Department of Agriculture and Industries: Farm to School Program.

The purpose of the Early Childhood Nutrition Summit was to share information, identify opportunities, and develop partnerships in order to address how to ensure young children in child care receive the adequate and healthy nutrition they need to enter kindergarten ready to succeed. As part of this Summit, the Stakeholder Group launched and convened five Working Groups Summit around key areas of impact. These Working Groups were charged with developing partnerships and collaborative plans to address areas corresponding to the CDC's Spectrum of Opportunities:

1. Breastfeeding Support: Increase breastfeeding rates through family support in ECE settings;
2. Food Insecurity: Decrease rates of food insecurity through recognizing CACFP as a key federal resource;
3. Access to Healthy Foods/Nutrition Education: Increase access to healthy foods through educating providers on the CACFP meal patterns, procurement opportunities, and Farm to ECE;
4. Physical Activity and Limiting Screen Time: Increase physical activity and limit screen time in the ECE setting by advocating for enhanced standards supported by training, technical assistance and resources; and
5. Sustainability: Address sustainability for obesity prevention in the ECE setting.

The Working Groups assessed needs and barriers through needs assessments and/or focus groups and identified action areas for ECE settings. The Summit served as an opportunity to highlight and present this work to the broader group of partners. Descriptions of the projects the Stakeholder Group and Working Groups have focused on since April 2016 and their plans for moving forward are below.

STATEWIDE RECOGNITION AND INTERVENTION PROGRAMS

Since 2017, APC has worked with ADPH to develop a statewide Breastfeeding Friendly Child Care (BFCC) Initiative. As a result of the Alabama Early Child Nutrition Summit, a Breastfeeding Support Working Group was launched. This group developed goals for data collection, conducted focus groups, reviewed and revised the BFCC program materials, and developed collaborative strategies to pilot the BFCC program and identify needed supports and resources.

The largest challenge and set-back for Alabama came in October 2017, when APC was informed that a lead partner for the Alabama BFCC Initiative would no longer be able to participate in the development and implementation of the program. The project was put on hold for several months until APC was able to identify ACES as a potential partner to move forward with the project. ACES has since decided to become the lead organization for the project and will begin piloting the project by the end of 2018.

In May 2018, ACES came forward as a lead partner on this project. They are seeking funding to implement a recognition program in partnership with APC, ADPH and the Alabama Breastfeeding Committee (ABC). As of September 2018, the BFCC program toolkit, training presentation, and application are developed, and five focus groups have been completed. Work is underway to review and incorporate lessons learned and feedback from the focus groups into the BFCC program materials, to finalize all materials, and to develop a plan to pilot the BFCC Initiative with past ECELC providers. ACES regional agents and ECELC trainers will be trained on the BFCC materials and best practices. These individuals will work together to recruit ECE programs to participate, provide an initial training, offer technical assistance and support through the action planning process, and complete the final site visit to verify the program meets all standards.

In future months, the Breastfeeding Support Working Group plans to modify the BFCC materials for home-based programs, finalize the BFCC materials and package the materials, and identify regions to pilot the program, and conduct a Train-the-Trainer for APC trainers and ACES regional agents.

CHILD CARE FOOD PROGRAM (CACFP)

APC is leading efforts to support CACFP by promoting the program and aiming to increase participation among ECE providers. The lack of data around participation rates led the Stakeholder Group to the conclusion that support was needed to determine average participation rates among all categories of ECE providers in order to inform the outreach plan and process. Nemours supported this effort by connecting APC with the Food Research and Action Center (FRAC) for geographic information system¹⁴ (GIS) mapping. The Food Insecurity Working Group was launched to support the efforts of the FRAC by providing data from relevant Alabama programs, including Alabama CACFP participation data, child care licensing data, and CCDF subsidy participation data. FRAC overlaid these maps with several other national data sources, including the United States Census Bureau's American Community Survey and United States Department of Agriculture's Rural-Urban Continuum Codes. This Working Group is collaborating to analyze the GIS maps and information provided by FRAC. They are also working to identify target groups and regions with low participation and potentially eligible ECE programs.

In addition, APC and VOICES submitted comments to the CCDF State Plan for 2019-2021 recommending ongoing data sharing between DHR and CACFP and training on CACFP meal patterns for child care licensing consultants.

STATEWIDE ACCESS INITIATIVES

Since May 2017, partners interested in Farm to ECE have developed plans to pilot and implement an initiative to facilitate information sharing and connections to support the procurement of fresh and locally grown produce for use in the ECE setting. The Alabama Farm to ECE Coalition's vision is to see that all Alabama's early care and education programs are empowered to successfully source healthy local food, build gardens, and offer food and agriculture activities that enrich the quality of early learning experiences for children and support the Alabama food economy. The Coalition was awarded a technical assistance opportunity through Child Care Aware[®] of America's Healthy Child Care, Healthy Communities project to further Alabama's Farm to ECE efforts. The Coalition conducted four focus groups (two with child care providers only, and two with both providers and farmers) and disseminated a needs assessment to ECE providers in Summer 2018. The Farm to ECE Needs Assessment sought information from ECE providers, such as types of meals the facility served, cooking competencies, kitchen equipment, menu planning competencies, where food is sourced, procurement knowledge, and interest in Farm to ECE activities. Child Care Aware[®] of America is reviewing and analyzing the recordings of the focus groups and the needs assessment responses. The Coalition's plan is to use the focus groups and needs assessment responses to inform next steps, identify partnerships, and develop materials that make Farm to ECE activities feasible and as easy as possible to implement.

LICENSING AND ADMINISTRATIVE REGULATIONS

VOICES, the Southern Institute for Public Life, and APC are working together with DHR to embed practice and training requirements related to obesity prevention topics in the Minimum Standards for child care and in requirements for providers receiving CCDF payments. VOICES received a Voices for Healthy Kids grant to advocate for the Alabama Minimum Standards to be updated to include enhanced nutrition, physical activity, and screen time standards and has engaged with APC because of their efforts to implement the ECELC and due to the relationships APC has built with essential partners through the Stakeholder Group. APC supports this campaign by engaging past ECELC participants as advocates for making the updates to the Minimum Standards. APC also provides support by informing the campaign strategy and providing pertinent information related to child care rules and regulations.

To further support this effort, the Stakeholder Group launched a Physical Activity and Limiting Screen Time Working Group with a focus on encouraging providers to incorporate physical activity and screen time best practices into their programs. This Working Group has been very active and has decided to support the Voices for Healthy Kids Campaign. As a result, this group made several policy and program recommendations at the Alabama Early Childhood Nutrition Summit.

ECE FUNDING STREAMS

APC and VOICES submitted comments to DHR for the CCDF State Plan for 2019-2021 in June 2018. In these comments, it was recommended to include enhanced standards for physical activity, screen time and sugary beverages. It was also recommended to support the continuation and expansion of the ECELC. As a result, APC submitted a grant proposal to DHR and was awarded a generous two-year grant to implement two additional learning collaboratives per year using the ECELC model, beginning in October 2018.

Lessons Learned

APC has learned that relationship building is key to the integration work. APC staff has tirelessly built strong relationships and rapport with state agencies and other partners across the state since 2002, and this foundation is a critical factor to the amount of progress the state has made to develop action plans and goals to address the health and wellness of young children in the ECE setting over the last two and a half years. APC has learned that some relationships require more investment and take longer to develop than others, but these strong partnerships are key to producing valuable and effective initiatives and resources for ECE providers.

In addition, the support and guidance provided to APC by the CDC, Nemours, Child Care Aware® of America, and partners from other states has been a catalyst for the work Alabama partners have been able to complete so far. The networking, collaboration and sharing of lessons learned between colleagues in all states participating in the ECELC has helped to inform the development of plans and provide direction to APC throughout the process of implementing the ECELC and integration efforts. These partnerships have increased APC's capacity to more efficiently and effectively address obesity prevention in the ECE setting.

Glossary of Key Terms

1. **Alabama Partnership for Children (APC)** – APC was created to develop, design and implement a unified approach for improving outcomes of children from birth to age five in Alabama and served as the State Implementing Partner for ECELC in Alabama.
2. **Alabama Department of Public Health (ADPH)** – ADPH is the primary state health agency for the state of Alabama. Their mission is to promote, protect, and improve the health of individuals and communities of Alabama.
3. **Alabama Department of Human Resources (DHR)** – DHR's mission is to provide for the protection, well-being, and self-sufficiency of children and adults. DHR administers social service programs in Alabama, including the Child Care Subsidy Program, and regulates child care licensing.
4. **Alabama Obesity Task Force (OTF)** – The OTF is a volunteer membership organization that addresses obesity through advocacy, changes and programs. The OTF engages partners and stakeholders from a wide range of sectors that impact every age group.
5. **Young Child Wellness Council (YCWC)** – The YCWC is made of nearly 30 organizations and is a structure for planning, funding, advocacy, accountability, and policy decisions. Every other year, the members vote on the top three indicators of child well-being to help ensure a comprehensive plan for children's healthy development and school readiness. This plan is given to state officials, agencies, and legislators in the hope of a healthier future for Alabama's children.
6. **Alabama Cooperative Extension System (ACES)** – ACES is the primary outreach organization for the land-grant mission of Alabama A&M University and Auburn University. ACES delivers research-based educational programs that enable people to improve their quality of life and economic well-being.
7. **Alabama Breastfeeding Committee (ABC)** – The ABC focuses on ensuring hospital facilities, child care programs, physician's offices, and businesses support breastfeeding mothers and implement best practices.
8. **Early Childhood Obesity Prevention Stakeholder Group** – The Stakeholder Group is managed by the APC and works to engage partners and stakeholders that impact and provide supports for Early Care and Education (ECE) providers in Alabama.
9. **VOICES for Alabama's Children (VOICES)** – VOICES is a non-profit, non-partisan, statewide, multi-issue child advocacy organization working to ensure the well-being of Alabama's children through research, public awareness and advocacy. VOICES leads the Healthy Kids, Healthy Start campaign.
10. **Farm to Early Care and Education (ECE)** – Farm to ECE offers increased access to the three core elements of local food sourcing, school gardens and food and agriculture education to enhance the quality of the educational experience in all types of ECE settings.

REFERENCES FOR: *National Early Care and Education Learning Collaboratives (ECELC) Integration of Childhood Obesity Prevention into State/Local ECE Systems*

1. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCO), included in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, (3rd ed.).
2. Case studies were written for Alabama, Arizona, North/Central Florida, South Florida, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey. For the purpose of the summary, there are 10 states/regions highlighted which include Los Angeles, CA. Contra Costa, CA did not include integration work in their ECELC activities.
3. In Virginia, the state partner's activities fall primarily into the Pre-Service and Professional Development area of the Spectrum.
4. Other states' strategies included a focus on technical assistance (TA) as part of other change strategies. For example, TA offered as part of a new initiative or to accompany trainings or use of toolkits.
5. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCO), included in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, (3rd ed.).
6. The avenues for change illustrated in the Spectrum are described in detail in the Spectrum of Opportunities document, available on the CDC's website - https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf
7. <http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>
8. <http://www.acf.hhs.gov/occ/fact-sheet-occ>
9. <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>
10. This number includes only programs that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
11. Early Childhood Comprehensive Systems, are partnerships between interrelated and interdependent agencies/organizations representing physical and mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care for children from birth to kindergarten entry and are funded by the Maternal and Child Health Bureau.
12. Project LAUNCH, Linking Actions for Unmet Needs in Children's Health, is a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).
13. The Alabama Department of Human Resources is the state's administrator for the Child Care and Development Fund (CCDF), the child care subsidy and quality initiative program. They are also responsible for monitoring and licensing child care centers and homes for compliance with minimum standards.
14. This type of mapping allows data to be manipulated, analyzed, and modeled with a focus on place and space. GIS mapping in Alabama for CACFP allowed visual representation of CACFP participation in the state, alongside other descriptive factors.

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