
**Partnerships for
healthy weight practices
in early childhood
care and education settings**

Health
Oregon
Authority



My Heart Says Thanks

Verse 1

When I eat my

- Fruit
- Veggies

My heart says thanks!

Bump-bump, bump-bump...

my heart says thanks!

(Repeat – Then to chorus)

Verse 2

When I

- Drink my milk
- Rest and sleep

My heart says thanks!

Bump-bump, bump-bump....

my heart says thanks!

(Repeat – Then to chorus)

Chorus:

But when I move, move, move...

move, move, move

And when I jump, jump, jump...

jump, jump, jump

And when I hop, hop, hop... hop, hop, hop

And when I run in place... run, run, run

(repeat)

My happy healthy heart says.... *(repeat)*

Thank-you! Thank-you! *(repeat 3x)*

Bump-bump, bump-bump....

my heart says thanks!

My heart says...

Thank-you! Thank-you! *(repeat 3x)*

Bump-bump, bump-bump....

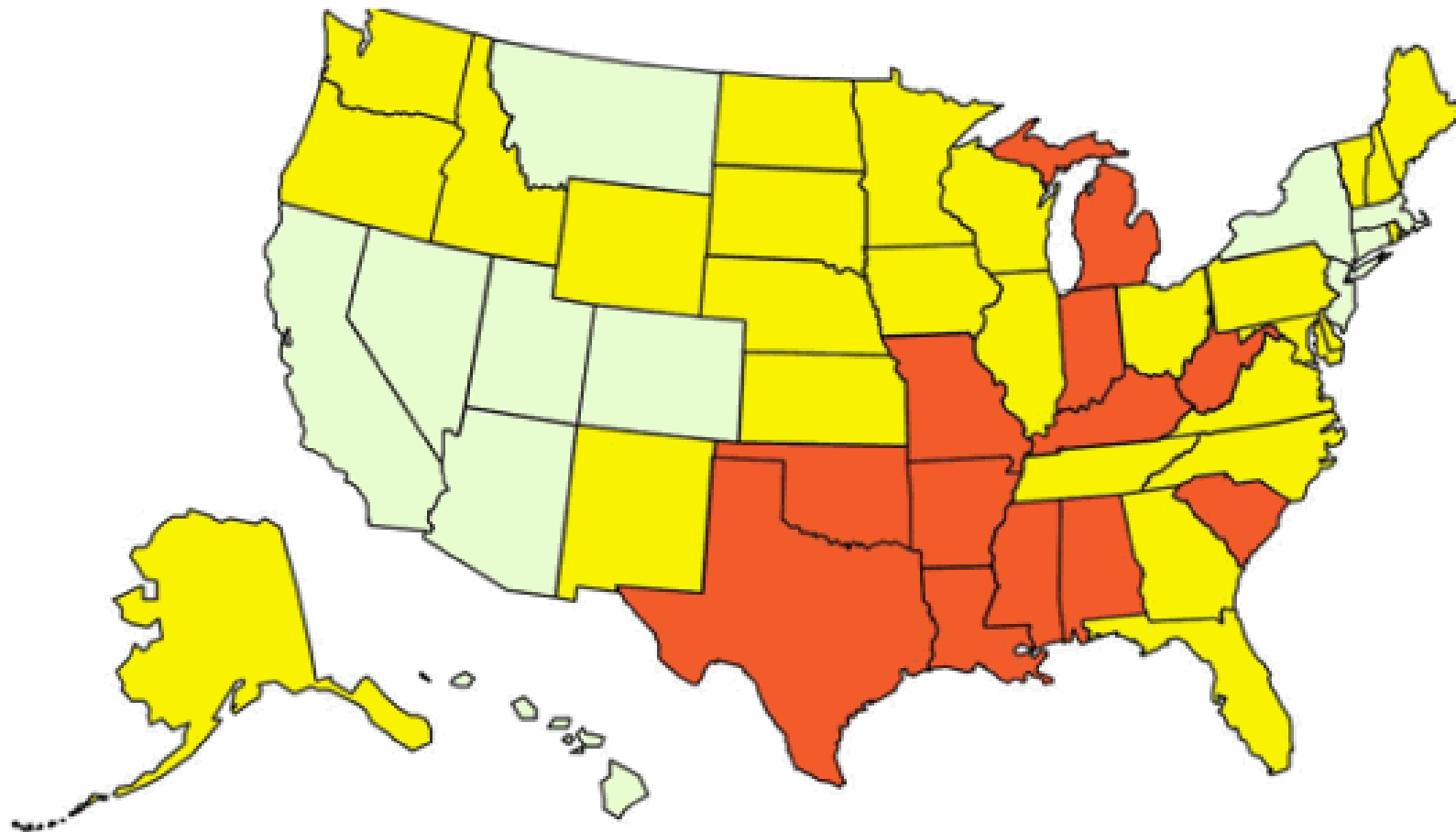
my heart says thanks!

The obesity epidemic is upon us!



Prevalence of Self-Reported Obesity Among U.S. Adults

BRFSS, 2011





A man totes a large sugary drink at the July 9 "Million Big Gulp March" protesting New York City



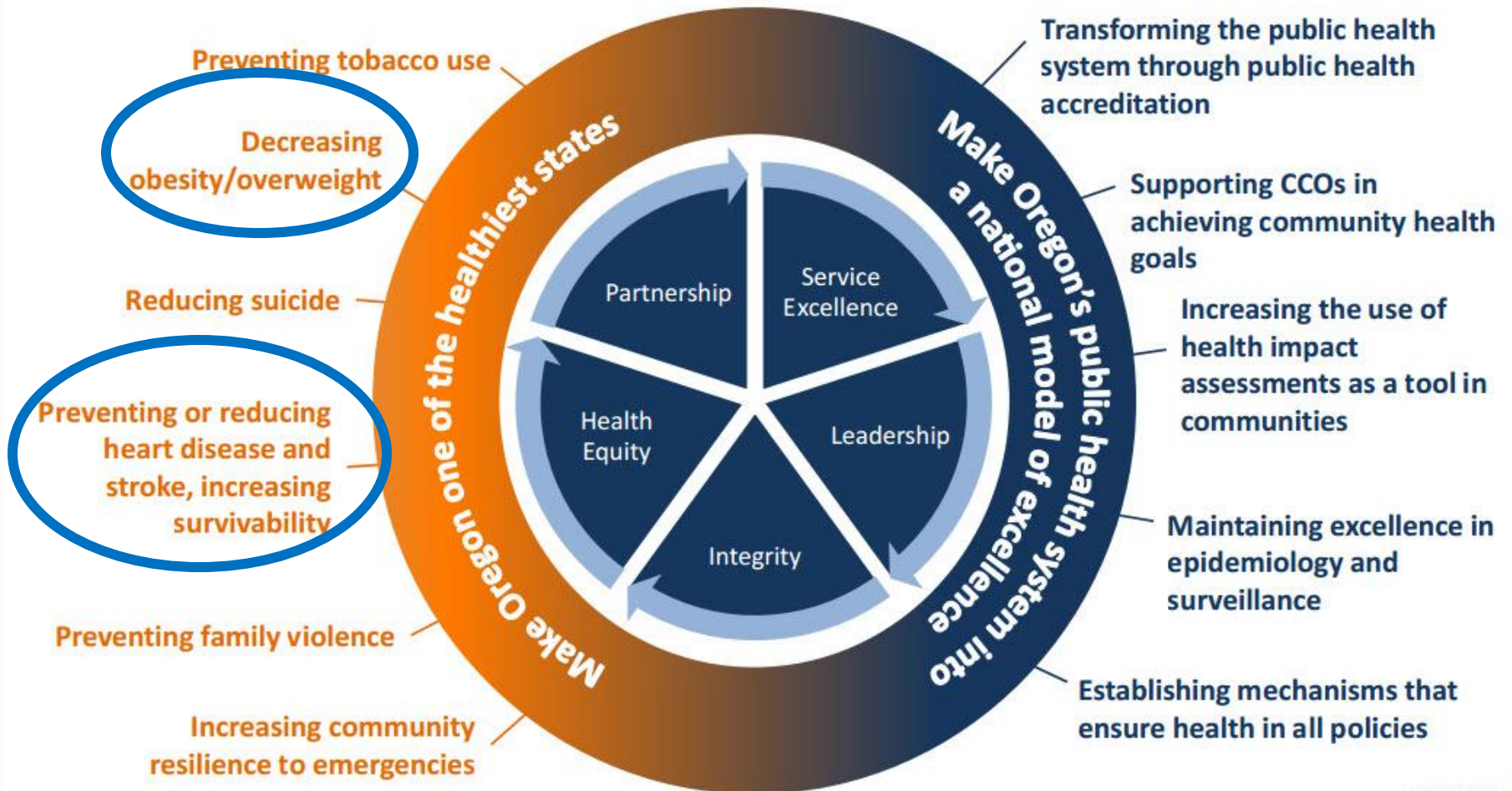
The Center for Disease Control and Prevention (CDC) has identified these targets:

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

PUBLIC HEALTH DIVISION

VISION: Lifelong health for all people in Oregon.

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



What about the children?

- Obesity rates among children 2-5 years of age doubled between 1976-80 and 2007-08.
- 24% - 33% of children are already overweight or obese by 6 years of age.



Why child care?

- Children in childhood care and education (CCE) settings spend an estimated 70%-87% sitting or lying down...and 3% in moderate to vigorous physical activity.
- Children in home-based CCE settings spend about 1.5 hours a day watching TV or videos during care and another 4 hours a day watching at home.



How far can we go?

CCE settings can have a profound impact on:

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



Maybe a little too far...?

National childhood care and education initiatives



<http://www.letsmove.gov/>



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



<http://www.choosykids.com/CK2/>

Childhood Care and Education System

Tiered Quality Rating and Improvement System development (TQRIS)

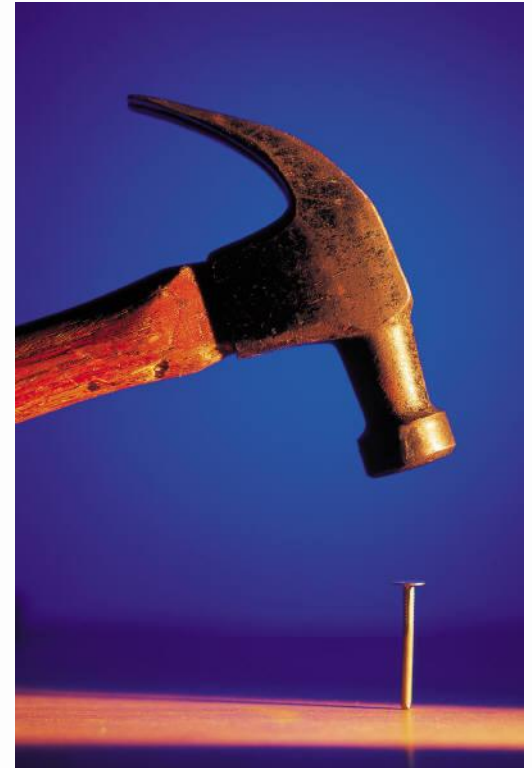
- Builds upon existing systems, national research and standards
- Provides a way to support quality and professionalization for the field
- Provides a clear and understandable way to inform policy makers, parents, and providers
- Defines quality - consistent language and a visual with measurement and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



http://www.acf.hhs.gov/resource/wwwroot/files/QRIS_Goals_Objectives.pdf

In Oregon we are taking action together

- Child Health Collaborative Action Plan
- Development of face-to-face and on-line training for child care providers statewide
- Oregon Kids: Healthy and Safe training and resources
- Farm to Pre-school development
- Oregon Moves
- Wellness Champions
- Wellness





Right from the Start to Healthy Child Care:

A collaborative, evidence-based
approach to promoting healthy weight
in child care

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

Overview

- Describe Right from the Start Child Care Assessment and key findings
- Describe how RFTS research stimulated collaborative efforts to improve healthy weight practices in child care and education settings
- Describe the Screen Time Reduction for Children project

tomorrow's health today

ABOUT OPHI



STRATEGIC
PROJECTS



POLICY
ADVOCACY



COALITIONS AND
PARTNERSHIPS



FOUNDING
PROGRAMS



LIBRARY



Health Happens in Places Where Oregonians Live, Work, Learn and Play

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

To learn more about OPHI, **watch our video.**

www.orphi.org

What's New:

2012 Billi Odegaard Public Health Genius Awards

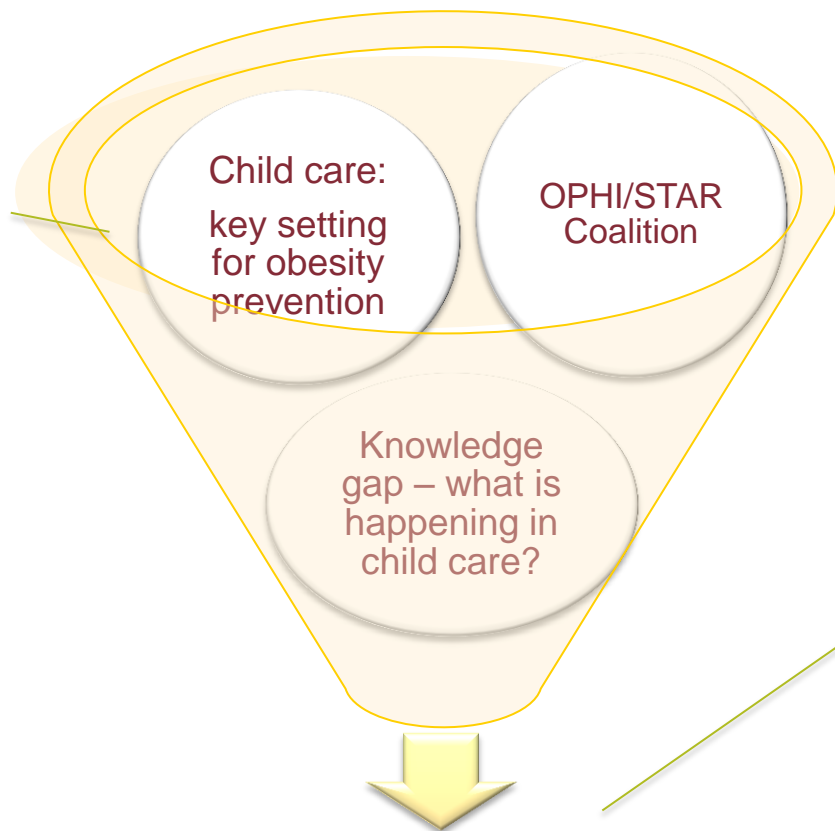
October 19th, 12:00-2:00 at the Multnomah Athletic Club.

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

tomorrow's health today

Starting with evidence

1 in 4 children overweight or obese by the time they enter kindergarten!¹



Right from the Start Child Care Assessment²

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

Evidence-based priorities

Screen Time in Care



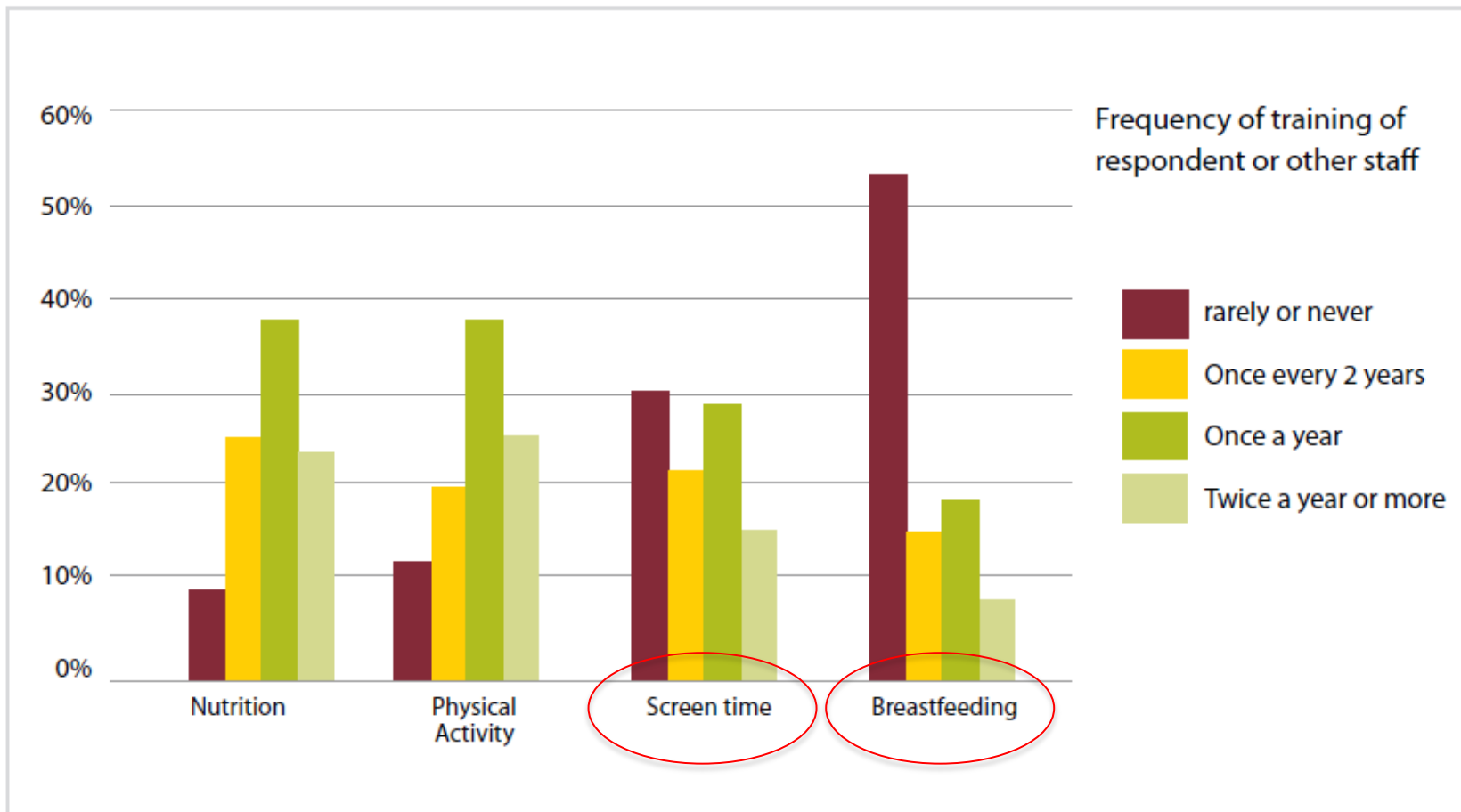
- High screen time
- Perceived importance for language/social skills development



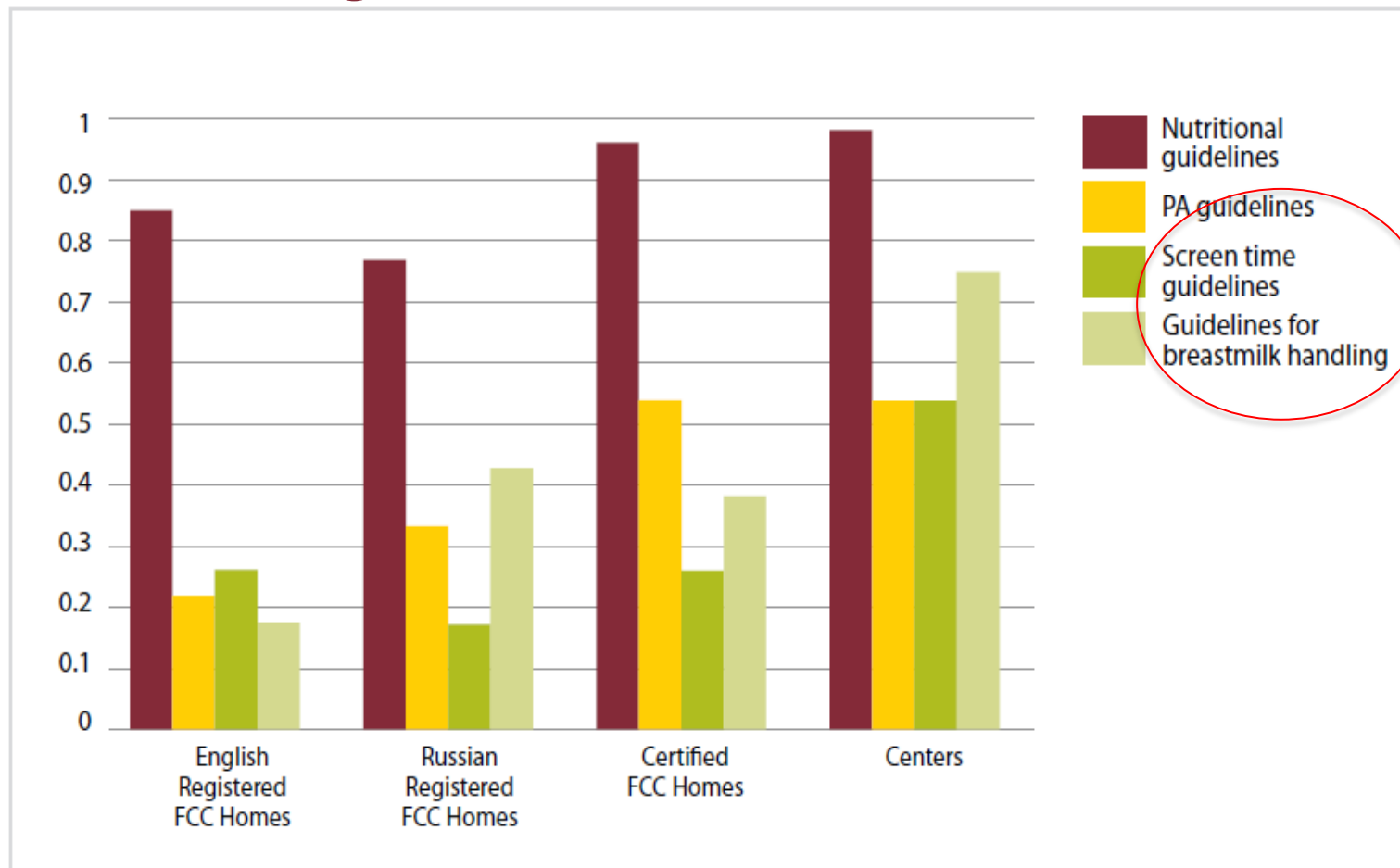
Breastfeeding Accommodation

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

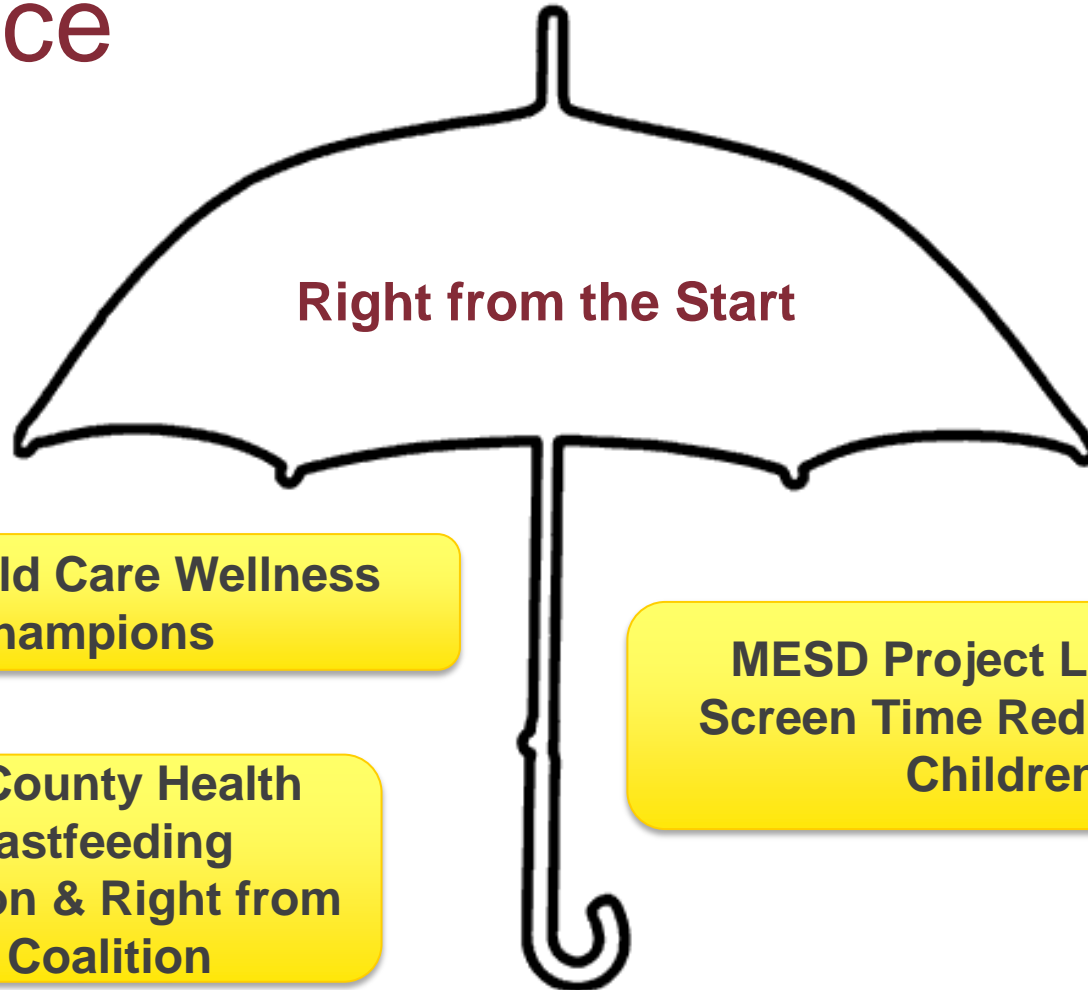
Evidence-based priorities: Training



Evidence-based priorities: Written guidelines



Evidence → Partnerships → Practice

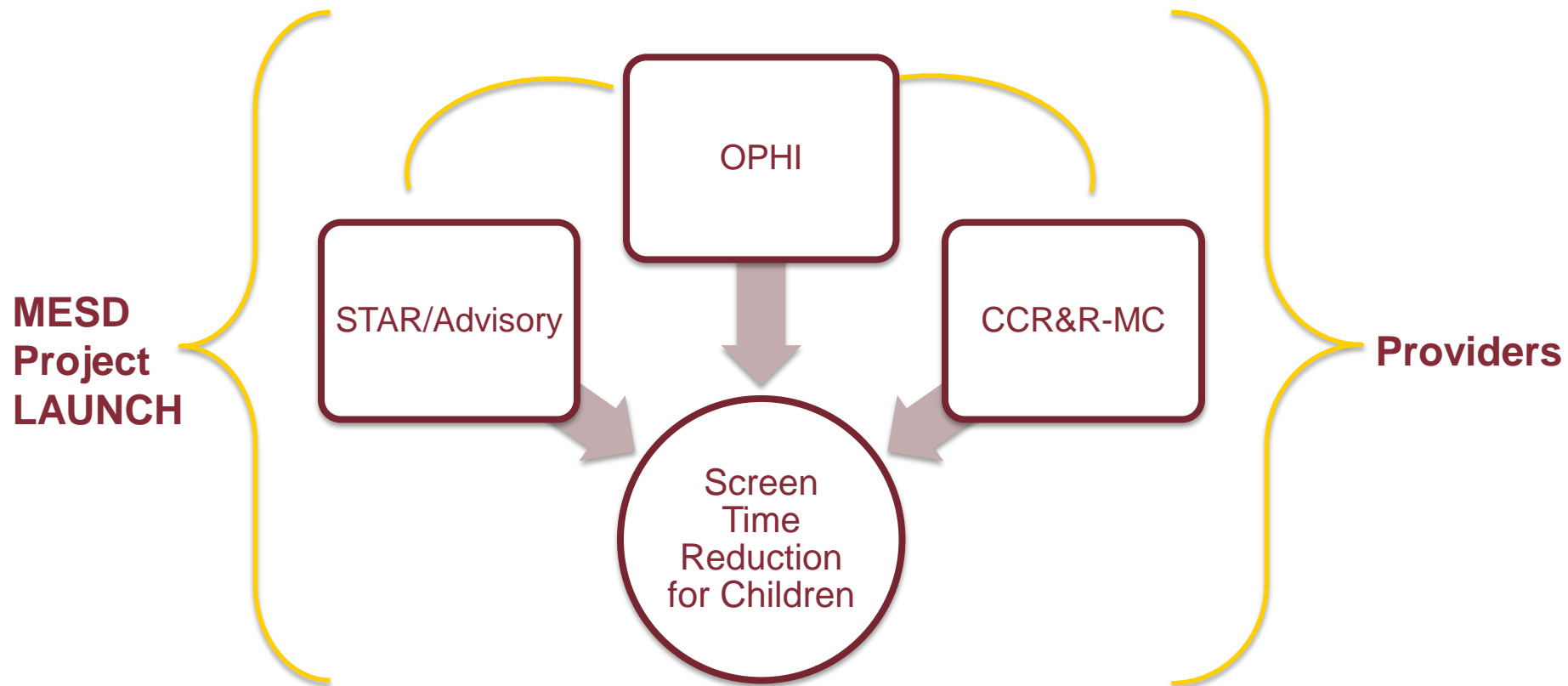


**ODE: Child Care Wellness
Champions**

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

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

Screen Time Reduction for Children: Partnership

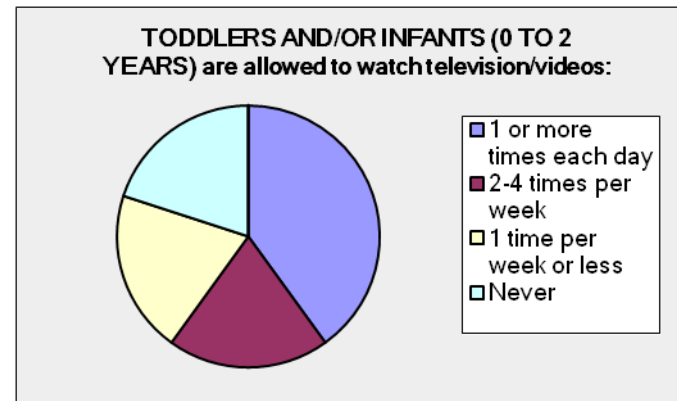


Project model

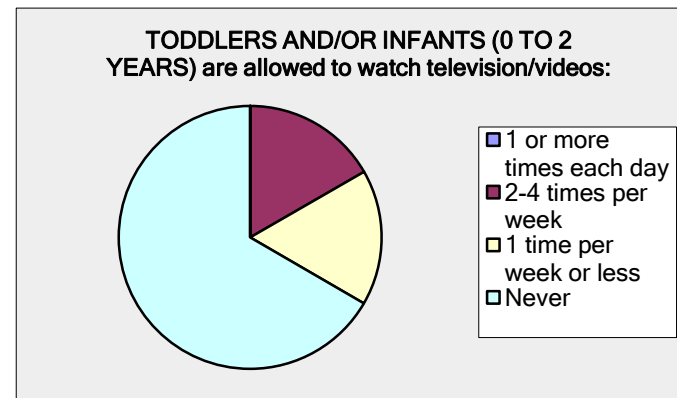


Results

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



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Next Steps

- Screen time reduction training: replicate and disseminate
- Right from the Start Coalition: convening key stakeholders to guide and implement strategies in Multnomah County
- **Statewide** Right from the Start Child Care Assessment



Learn more...



1. Ogden, C.L., Carroll, M.D., Kit, B.K., & Flegal, K.M. (2012). Prevalence of Obesity and Trends in Body Mass Index Among US Children and Adolescents, 1999-2010. *JAMA*, 307(5), 483-490.
2. Oregon Public Health Institute. (2011). Right from the Start: Assessing Child Care Settings in Multnomah County for Obesity Prevention. Available at <http://www.orphi.org/healthy-childcare>
3. American Academy of Pediatrics. (2011). Media use by children younger than 2 years. *Pediatrics*, 128(5), 1040-1045
4. American Academy of Pediatrics. (2010). Media education. *Pediatrics*, 126(5), 1012-1017
5. Christakis, D.A., & Garrison, M.M. (2009). Preschool-Aged Children's Television Viewing in Child Care Settings. *Pediatrics*, 124(6), 1627-1632
6. Zollitsch, B. & Dean, A. (2010). Early Childhood Professional Development: A Synthesis of Recent Research. Cutler Institute for Health and Social Policy. Available at <http://muskie.usm.maine.edu/Publications/CYF/Early-Childhood-Professional-Development.pdf>

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OREGON MOVES

CCR&R OBESITY PREVENTION INITIATIVE

Helen Visarraga, Executive Director

Dee Wetzel, T/TA Specialist



**OREGON CHILD CARE
RESOURCE & REFERRAL**
Connect.Educate.Navigate

NETWORK



Policy

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



Practice

- Developed IMIL Action Team (CCR&R)
- Developed work plan with timelines/activities
- Provided training in rural areas
- Utilized in-house expertise to create bi-lingual newsletter articles related to five strategies.
- Aligned IMIL curriculum with Oregon Core Knowledge Categories
- Provided incentives for child care providers



PROMOTING HEALTHY WEIGHT & DEVELOPMENT IN EARLY CHILDHOOD

*A COLLABORATION OF OREGON'S STATE
& LOCAL PUBLIC HEALTH AGENCIES*

October 9, 2012

Presented by:

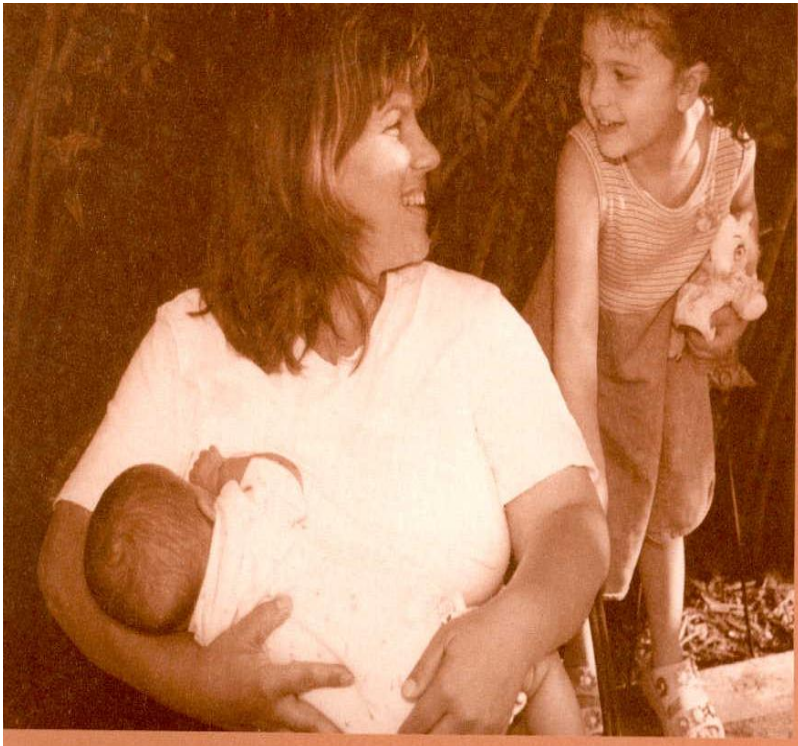
Heather Morrow-Almeida

Robin Stanton

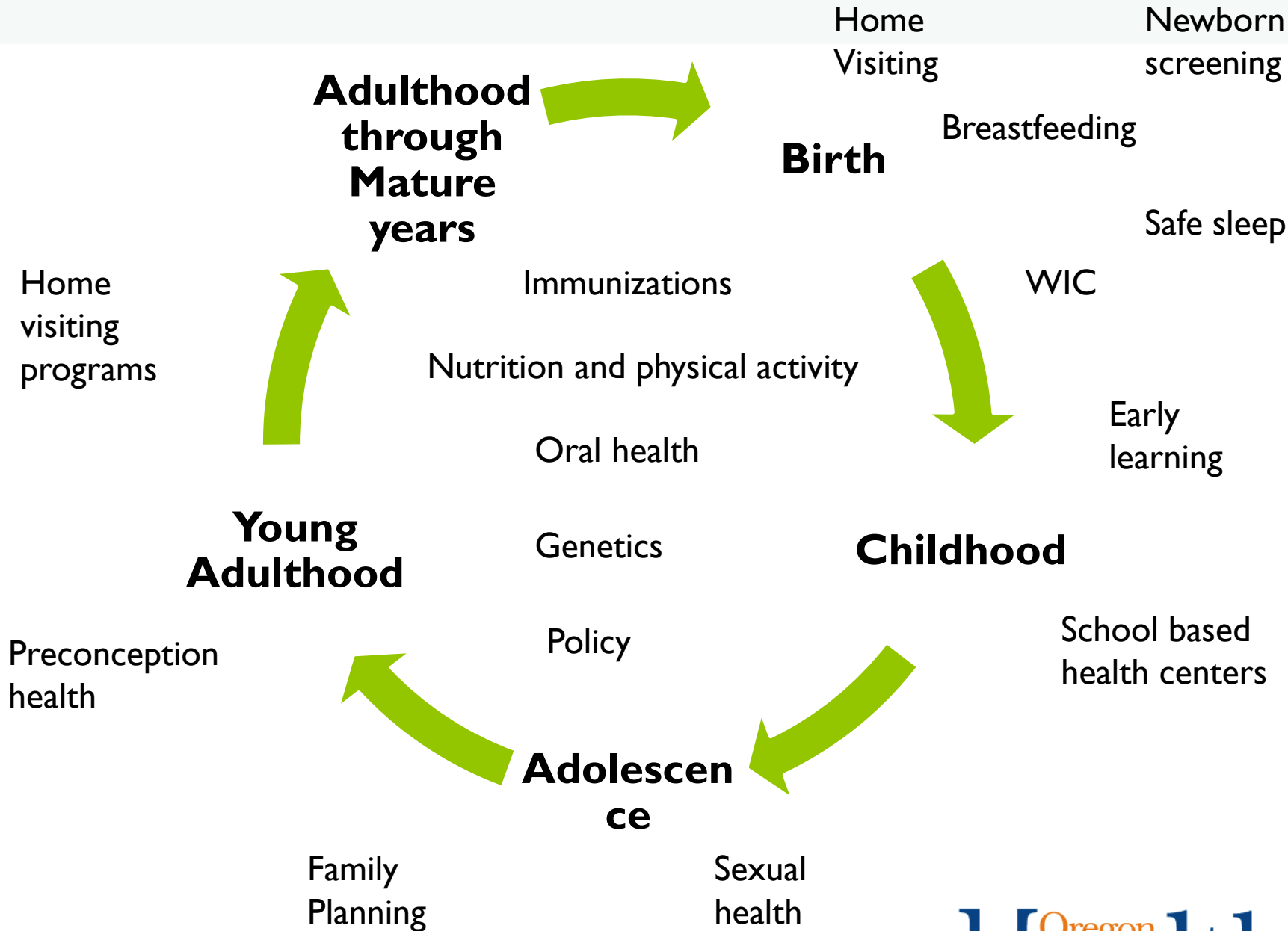
The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background.

Oregon
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Why Maternal and Child Health?



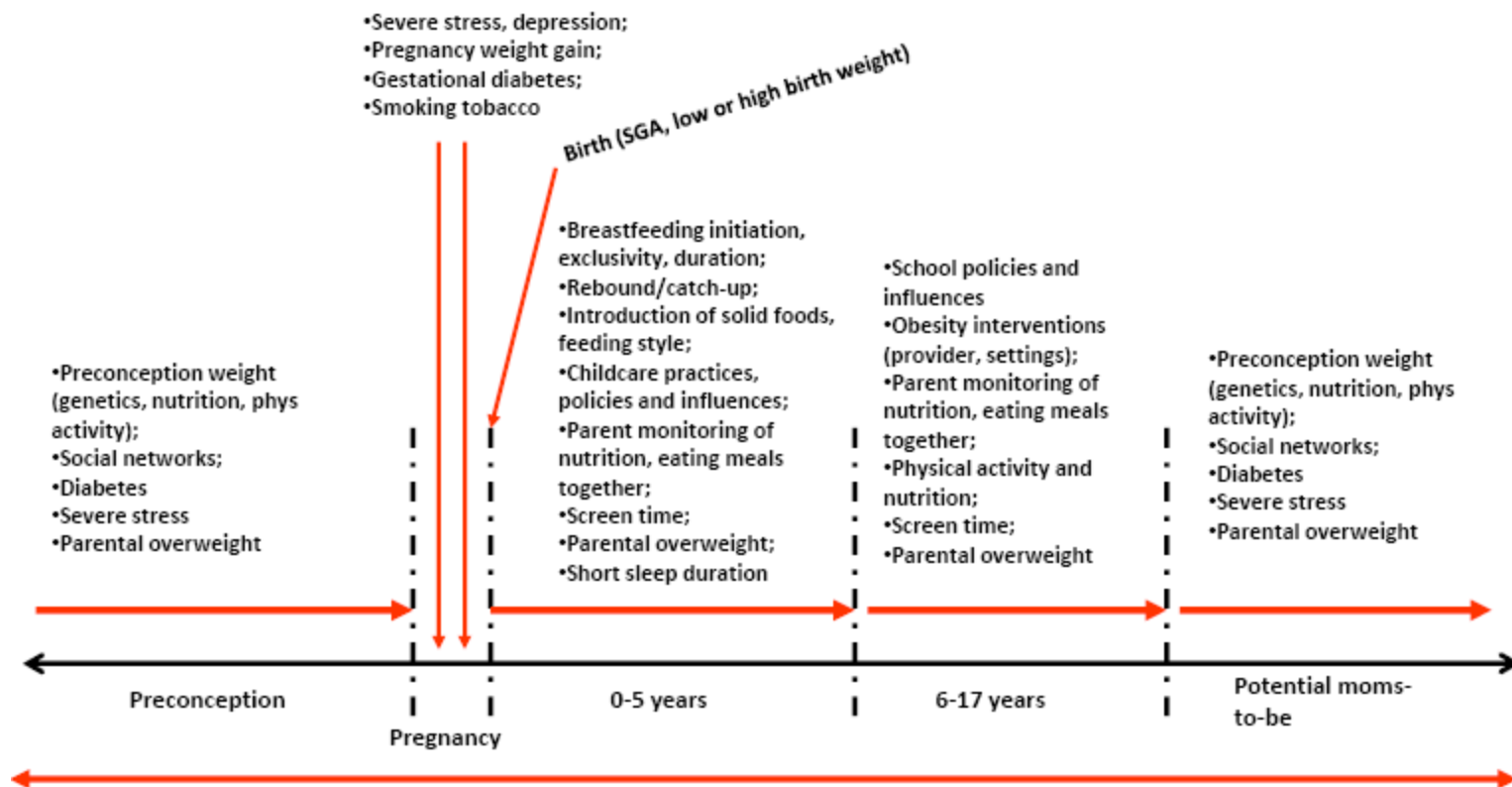
1. Life course perspective
2. Upstream, primary prevention
3. Inclusive of the whole family



Life Course and Obesity

Risks and Protective Factors for Childhood Obesity

DRAFT – 02.28.2011



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

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

Institutional factors (work, school, childcare): policies regarding food, physical activity, breastfeeding; provisions

MCH Leadership Retreat (March 2010): Purpose and Outcomes

- **Purpose for Child Health (0-8 years)**
 - Overview
 - Public health approaches to improving health
 - Alignment of state & local MCH efforts
- **Outcomes for Areas of Focus**
 - Oral health
 - Unintentional injury
 - **Obesity prevention**

3 Principles of Learning Communities

1. Partners as Learners
2. Establishing Learning Objectives
3. Designing Conversation



Impact of Investment in Collaboration



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

I. Partners as Learners

Local Representatives

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

State Representatives

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

2. Establishing Learning Objectives

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

- **Meeting-specific learning objectives**

- Immediate objectives:
“what do we need to understand by the time we leave today?”



Workgroup Charge and Vision

CHARGE:

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

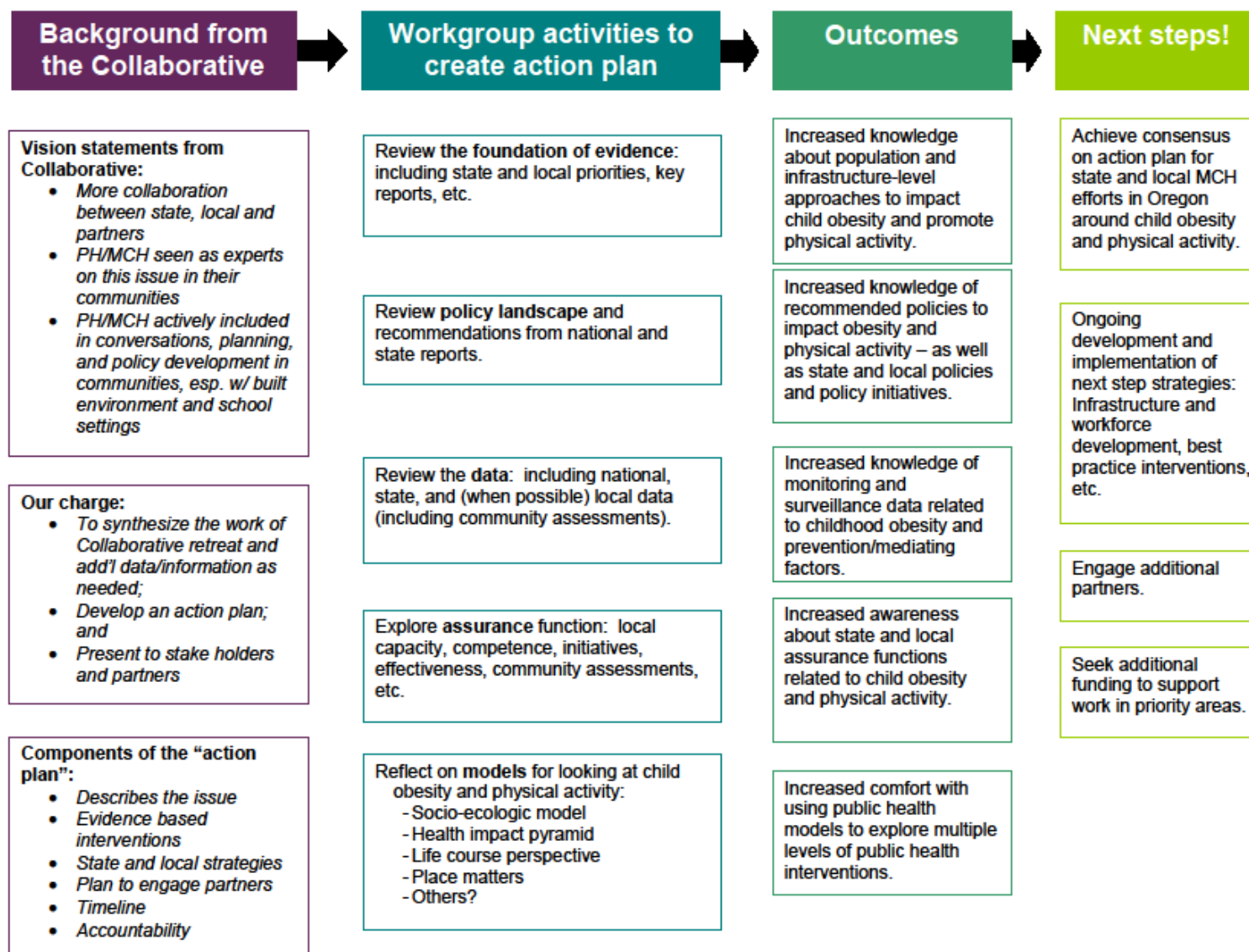
VISION:

- Increase collaboration between state & local partners
- Framework developed to share
- MCH is recognized as expert in this area
- Public health actively involved in policy development
- Prevention focus

3. Designing the Conversation

- 1 hour monthly to bimonthly meetings between Oct 2010 – present
- Phone & webinar format
- Logic model developed to define our work as a learning community
- Collected all input for collage of ideas
- Regular updates from workgroup members about their community activities

The Child Health Collaborative – Obesity and Physical Activity Workgroup



Action Planning

- **Setting the stage**
 - Problem Statement
- **Guiding values**
 - For example:
 - Recognition of the family as the unit of intervention
- **Choosing a framework?**
 - Reviewed various public health models
 - Outcomes based on the 10 essential MCH services

Draft Action Plan

PROMOTING HEALTHY WEIGHT AND DEVELOPMENT IN EARLY CHILDHOOD

A collaboration of Oregon's state and local public health agencies



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PUBLIC HEALTH DIVISION
Child Health Collaborative

MCH Domains in Action Plan

- Preconception, prenatal health
- Breastfeeding
- Early care and education
- Systems, policy and environmental change



Draft Action Plan – Sample Page

POTENTIAL STRATEGIES FOR ACTION

HEALTH PROMOTION AND PUBLIC EDUCATION:

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

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

ASSESSMENT:

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

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

PARTNERSHIP DEVELOPMENT:

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

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



Action Plan Examples

- **Recommendation: Assessment**
 - Assess and monitor healthy weight and development trends, risk factors, and health outcomes. Disseminate findings.
 - Strategy (3 of 4): Review regulations and licensing standards for schools, early care and education, and provider settings.
- **Recommendation: Policy development, promotion and enforcement**
 - Provide leadership for prioritizing, planning and policy development for the promotion of healthy weight and development. Promote and enforce legal requirements, and ensure public accountability. Strive for health in all policies.
 - Strategy (5 of 6): Strengthen place based obesity prevention policies and practices that address nutrition, physical activity, screen time and breastfeeding.

Products of our Partnership



- Tri-fold Action Plan
- Companion website
- *Weight of the Nation* toolkit
- *Place Matters* Conference conversation

Next Steps for our Workgroup

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

Interested in Joining Us?

Contact us!

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