State Obesity Prevention Efforts Targeting the Early Care and Education Setting

Quick Start Action Guide (2.0)

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Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

This Quick Start Action Guide is designed for those who already have a basic understanding of the early care and education (ECE) system from a federal and state perspective. It presents an overview of CDC's 'Spectrum of Opportunities' framework (2.0 version, see figure) and a set of action steps to plan new, or strengthen existing, state-level efforts to promote healthy eating, physical activity, breastfeeding, and reduced screen time among young children in the ECE setting. Worksheets are included for each action step.

THE SPECTRUM OF OPPORTUNITIES FRAMEWORK

The framework outlines how both standards and support for ECE providers to achieve these standards can be embedded into a state's ECE system. The focus is on system-level changes, as these have the potential for statewide impact by reaching either all legally-operating providers or a subset(s) of providers statewide who are specifically served by an opportunity area (e.g. all licensed providers; all providers participating in QRIS; all providers accepting subsidy funds; all providers required to complete pre-service/professional development training).

Successful state efforts require strong partnerships among stakeholders from both the state's ECE and public health arenas, as well as careful consideration of factors that impact the viability of any opportunity at a given point in time. Such factors include, but are not limited to: costs (resource, personnel), stakeholder support and political will, available resources, reach, timing, and ECE provider needs. A state's equity goals for ECE and public health should both be considered for all efforts, not just those focused on the opportunities that target providers serving low-income children (e.g. CACFP, subsidy, Head Start).

Not all opportunities, nor sub-options, need to be pursued successfully to achieve impact. However, it is likely that multiple opportunities pursued as part of a coordinated approach that takes advantage of their interconnectedness will be most effective.

The opportunities are depicted separately in the figure to emphasize that they are all distinct entry points through which state stakeholders have pursued making system-level changes. In reality, they are very interrelated. Although the nature and strength of the relationships between opportunities varies by state and changes over time, they can and should be mapped at the state-level to inform decisions. States have approached each opportunity in a variety of ways, presented below as 'sub-options'.

The Spectrum of Opportunities Framework for State Action to Prevent Obesity in the Early Care and Education Setting

OPPORTUNITIES AND SUB-OPTIONS

Licensing and Administrative Regulations — ECE centers and family-home providers (with some exceptions) are required by law to meet state-specific minimum standards of care. Regulations and enforcement standards vary considerably by state and, sometimes, by municipalities. Sub-options:

1. Strengthen licensing standards by
    a. increasing the number of high impact Preventing Childhood Obesity Standards from Caring for Our Children National Health and Safety Standards 3rd Ed. that are fully included in regulations (see Appendix A of most recent Achieving a State of Healthy Weight National Report posted on www.nrckids.org);
    b. requiring that all facilities meet the Child and Adult Care Food Program standards regardless of whether they participate in the CACFP program; and
    c. including obesity prevention topics in pre-service and/or periodic continuing education requirements.
2. Ensure that obesity prevention standards and implementation guidance is included in education opportunities used to meet licensing 'health and safety' training requirements.
3. Use incentives within licensing to encourage voluntarily adoption of higher standards (e.g. a reduction in licensing fees).
4. Use licensing commentary/support materials to strengthen implementation of obesity prevention standards.
5. Train and use licensing monitors as a technical assistance touch point for obesity prevention.
6. Analyze and use data gathered through licensing monitoring activities for planning purposes.
7. Support localities to improve regulations, if local authority is not pre-empted by the state.

Child Care Food Program (CACFP) — All states administer the federal nutrition assistance entitlement program known as the Child and Adult Care Food Program (CACFP), through which ECE providers are reimbursed for meals and snacks served. The program regulates meal patterns and portion sizes, provides nutrition education, and offers sample menus and training in meal planning and preparation to help ECE providers comply with nutrition standards. Most legally operating centers and family-homes are eligible to participate in their state's child care food program. Sub-options:

1. Increase participation and retention of ECE providers in CACFP.
2. Enhance state CACFP standards to align with other national nutrition guidelines such as the U.S. Dietary Guidelines for Americans if they do not already.
3. Promote a specific obesity prevention intervention to all providers participating in CACFP.
4. Include comprehensive obesity prevention content in CACFP sponsored trainings.
5. Provide technical assistance on non-nutrition related obesity prevention topics (e.g. physical activity and screen time) in addition to the required nutrition training topics through CACFP.

6. Partner with CACFP sponsoring organizations to incorporate obesity prevention into their work.
7. Address barriers that prevent state utilization of federal CACFP funds.

Quality Rating and Improvement Systems (QRIS) — A QRIS is a systemic approach to assess, communicate, and improve the level of quality in ECE programs. Through QRIS, states designate criteria that define higher quality care and use a rating system to communicate to the public how well participating ECE facilities meet these criteria. A state's licensing and administrative regulations serve as the baseline for quality. Specific policies and practices, professional development, self and/or observational assessments are often included in state QRIS standards. States with QRIS often tie their childcare subsidy reimbursement rates to QRIS ratings. Sub-options:

1. Designate specific nutrition, breastfeeding, physical activity, or screen time standards needed to reach higher quality ratings (e.g. setting a minimum number of minutes per day of physical activity above what is required in state licensing regulations).
2. Require or support assessments of policies and practices that includes obesity prevention topics.
3. Require or support action planning that includes obesity prevention topics.
4. Ensure all technical assistance providers/QRIS coaches are trained to provide implementation support for obesity prevention standards.
5. Offer incentives to support implementing obesity prevention strategies (e.g. mini-grants, portable play equipment).
6. Incorporate obesity prevention content into QRIS coursework training and education requirements.

ECE Funding Streams (Subsidy, Early/Head Start, State-funded pre-Kindergarten) — This opportunity refers to embedding obesity prevention standards and implementation support into long-standing funding streams for ECE. States receive substantial federal funding for ECE through a few programs, the largest being the Child Care and Development Fund (CCDF), commonly known as the child care subsidy program. The also receive funding for Head Start and Early Head Start programs. Through their general funds, states routinely invest in ECE beyond their federal program allocations. Many states' Departments of Education and local school districts fund preschool and afterschool child care providers and expanded Head Start programs. Sub-options:

1. Include obesity prevention requirements in the CCDF program provider eligibility standards.
2. Include obesity prevention content in CCDF preservice training requirements (new staff).
3. Include obesity prevention content in CCDF annual clock-hour training requirements.
4. Require parent education and engagement in obesity prevention efforts through CCDF.
5. Support implementation of obesity prevention standards comprehensively in publically funded ECE and pre-kindergarten programs (e.g. beyond those that are included in federal Head Start performance standards).

Pre-service and Professional Development Systems — Pre-service training, also known as certification in some states, refers to a program or series of trainings required for adults to become certified ECE providers. Professional development refers to ongoing professional training for current ECE providers. Many states specify a set of core knowledge and competencies that define what ECE providers should understand and be able to do in order to be effective in their role. For any given ECE provider, how often and how many 'clock hours' and continuing education credits (CEUs) must be earned, as well as required content areas for training, depends on her participation in many components of her state's ECE system, such as licensing, CACFP, QRIS, and subsidy. Sub-options:

1. Ensure that on-line, on-demand obesity prevention training modules are available and approved for professional development credit.
2. Require that state's ECE certification/degree programs curriculum include core obesity prevention standards and implementation guidance.
3. Ensure that optional training in obesity prevention within certification and continuing education programs are available for those providers interested in going beyond minimum requirements (e.g. incorporated as part of a state QRIS or special designation for providers and facilities).
4. Ensure that a sufficient number of state-approved trainers stay up-to-date on national obesity prevention standards and the best practices for achieving them and are providing frequent opportunities for ECE providers to attend trainings dedicated to this topic that count for professional development credit.

Statewide Technical Assistance (TA) Networks — Most states have multiple TA networks that serve ECE providers statewide. These networks often operate in conjunction with one or more of the following: a state's child care licensing, food (CACFP), QRIS, subsidy (CCDF), and Head Start Programs; or child care resource and referral agency(ies). Some states have statewide TA networks operating through Cooperative Extension agents or local health departments. Additionally, some states maintain a 'Child Care Health Consultant' network, although these networks may not operate statewide (at one time, all states operated statewide CCHC networks). Statewide TA networks often include nutrition professionals, such as public health nutritionists and registered dieticians, but they rarely include professionals with expertise in developmentally-appropriate physical activity. Sub-options:

1. Ensure that all TA providers working within existing statewide networks remain current on obesity prevention standards and best practices for meeting them (e.g. create a standard set of technical assistance resource materials for all TA providers to use).
2. Assess the need for additional TA providers in the state and map the areas of the state with the lowest access and highest need for TA support. Determine how best the meet the need through creating new statewide TA network(s) and/or supplementing the capacity of existing TA networks.

Statewide Recognition & Facility-Level Intervention Programs — States use branded recognition programs to officially promote ECE facilities that meet a set of predetermined criteria for policies and/or practices. They differ from QRIS in that they are focused on a specific topic area that might be narrow, such as breastfeeding support or broad, such as obesity prevention. Facility-level interventions encompass a defined set of activities that take place directly within ECE facilities during a set period of time. Activities included in many facility-level intervention include staff training, self-assessments, action planning, and implementing a specific curriculum. Numerous facility-level interventions, especially curricula, are available such as: the Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC); Eat Well, Play Hard in Child Care; Grow it, Try it, Like it; and Color Me Healthy (contact eceobesity@cdc.gov for information on evidence-based facility-level interventions). Recognition and intervention programs should be explicitly connected to a state's early learning standards. Sub-options:

1. Maintain an ongoing, statewide recognition program that includes obesity prevention requirements (ideally in conjunction with a specific facility-level intervention that assists providers to meet requirements).
2. Promote a specific obesity prevention intervention (or ensure that core obesity prevention content is included in existing, state-supported ECE facility interventions).
3. Ensure that ECE facilities statewide have access to benefits/incentives for participating in at least one obesity prevention intervention.

Statewide Access Initiatives (e.g. Farm to ECE) — Access to nutritious foods and space for active play is essential if ECE providers are to successfully meet obesity prevention standards, regardless of where these standards are embedded (e.g. within licensing regulations, QRIS, CACFP, CCDF). To date, state farm to ECE programs have been the most popular state-level access initiatives, but states could adopt other access initiatives (e.g. focused on physical activity, central kitchens, etc.) Sub-options:

1. Organize stakeholders statewide around building infrastructure to support better access (e.g. coalition/taskforce/workgroup) for ECE providers to nutritious foods and safe places for physical activity and/or ensure that statewide access initiatives are included within existing state efforts.
2. Establish or strengthen statewide Farm to ECE programs.
3. Support the development/expansion of central kitchens to serve ECEs, especially in high-need areas.
4. Support the expansion of fresh food procurement and distribution chains to serve more ECE providers, particularly those in high-need areas (e.g. promote food purchasing cooperatives, establish food hubs, facilitate the use of schools/hospitals as food procurement specialists, etc.).

Early Learning Standards — Nearly every state has established standards for what must be taught and assessed in young children birth to 5 years of age. State ECE agencies or state departments of education typically oversee curricula and educational programs provided to ECE facilities, especially state-administered ECE programs, to prepare young children for entry to school. As state agencies create new or revise existing early learning standards, explore opportunities to include early learning standards that explicitly support healthy nutrition and physical activity. Sub-options:

1. Include specific nutrition and physical activity standards in state early learning standards.
2. Use guidance materials to show ECE providers how a variety of state early learning standards can be met using activities focused on nutrition and physical activity topics.

The Spectrum of Opportunities Framework: Key Points

- The framework outlines 9 entry points for embedding standards and implementation support into state ECE system components.
- The focus for both standards and implementation support is on making changes at the state ECE-system level.
- Strong partnerships among diverse state stakeholders are the foundation for success.
- Equity goals should be considered for all opportunities, not just those focused on low-income populations.
- The interrelationships among the opportunities within a state should be mapped to inform decisions.
- There is more than one way to approach making system-level changes within each opportunity.
- Pursing multiple opportunities as part of a coordinated approach that takes advantage of their interconnectedness likely will be most effective.

ACTION STEPS AND WORKSHEETS

The action steps below are a sequential and cyclical process for a state's obesity prevention efforts targeting the ECE setting. The steps are presented in the order that is most appropriate for states who are new to this kind of work. The best starting point for states already working in this area will be determined by the nature of their prior work and their current partnerships.

Step 1. Assess and Strengthen Partnerships: Complete the 'Partnership Assessment Worksheet' to identify who should be at the table for planning state efforts to address obesity prevention focused on the ECE setting. Identify both existing and potential partners from the ECE and public health arenas.

Step 2. Complete a State Spectrum Profile and Identify Equity Goals and Strategies: Use the 'State Spectrum Profile Worksheet' to summarize available information needed for your state partnership to begin discussions about how best to strengthen existing efforts and pursue new opportunities. The data from the worksheet can then be converted into a state spectrum profile. CDC has draft spectrum profiles for several states, contact eceobesity@cdc.gov to inquire. Use the 'Equity Worksheet' to document your key partners' priorities, goals, and strategies pertaining to equity.

Step 3. Assess Efforts to Date: Complete the 'Spectrum of Opportunities Assessment Worksheet' to catalogue state efforts to date, whether successful or not, including any intended and unintended consequences related to equity.

Step 4. Determine Feasibility of Opportunities and Consider Equity Goals: Use the 'Spectrum of Opportunities Rating Worksheet' to identify new opportunities for consideration and current efforts that might be improved and to rate the feasibility of each to help develop consensus on what to pursue.

Step 5. Develop a Shared Action Plan and Logic Model: Use the 'Action Plan Worksheet' and sample logic model to create a plan that documents the efforts that will be pursued by each stakeholder in the immediate future and the efforts that are expected to be pursued in the longer-term.

Action Steps Summary

1. Assess and Strengthen Partnerships
2. Complete a State Spectrum Profile and Identify Existing Equity Goals and Strategies
3. Assess Efforts to Date
4. Determine Feasibility of Opportunities and Consider Equity Goals
5. Develop a Shared Action Plan and Logic Model

Partnership Assessment Worksheet

This worksheet has 2 sections: The first is dedicated to stakeholders from the ECE sector, while the second is dedicated to obesity prevention and health stakeholders. Note that the questions for the third and fourth column are different for each one.

SECTION 1: Potential Key ECE Stakeholders	What agency administers the program? Who are the executive leaders?	Are you already working with them?	What are the agency's priorities? Any related to obesity prevention?	Is the agency doing anything about obesity prevention? Is it part of an existing coalition?	Any opportunities to leverage resources? Readiness to become involved?	Challenges or barriers to working with this agency? What issues need to be addressed?
State Early Childhood Advisory Councils The councils provide state coordination and collaboration among all of the early childhood stakeholders to improve education and quality.						
Regulation/Licensing Regulations and licensing agencies have authority to make changes to the policies governing ECE in the state and to enforce those policies.						
Quality Rating and Improvement System (QRIS) QRIS is a statewide system to assess and improve quality of ECE services. Such systems are typically tiered and may have incentives associated with each tier. QRIS operates in about 25 states; the remaining states are developing one.						
Child Care and Development Fund (CCDF) These federal grants to states provide subsidies to families for ECE. Each state must use some of the funds for quality support and technical assistance.	Visit http://www.acf.hhs.gov/programs/occ/resource/ccdf-grantee-state-and-territory-contacts to find your state's CCDF contact.					
Temporary Assistance for Needy Families (TANF) - TANF, administered to states through the Office of Family Assistance (OFA), ACF, provides cash assistance and training for low-income unemployed adults. States have the option to transfer up to 30% of TANF funds to the Child Care Development Fund. http://www.acf.hhs.gov/programs/ofa/programs/tanf						
Child and Adult Care Food Program (CACFP) CACFP is administered to states through the Food and Nutrition Service (FNS), USDA. For information go to: http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program	Find the name of your state CACFP director at www.fns.usda.gov/cnd/contacts/statedirectory.htm..					
Head Start and Early Head Start The federal Office of Head Start provides grants to local public and private nonprofit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families.	Visit http://eclkc.ohs.acf.hhs.gov/hslc/states/collaboration to find your state's Head Start State Collaboration Office.					

SECTION 1: Potential Key ECE Stakeholders	What agency administers the program? Who are the executive leaders?	Are you already working with them?	What are the agency's priorities? Any related to obesity prevention?	Is the agency doing anything about obesity prevention? Is it part of an existing coalition?	Any opportunities to leverage resources? Readiness to become involved?	Challenges or barriers to working with this agency? What issues need to be addressed?
Tribal Child Care Development Fund (CCDF) and Tribal Head Start Tribes receive Head Start and Tribal CCDF funds separate from states. Tribes may operate their programs differently. Find regional Tribal CCDF contacts at https://childcare.gov/resource/tribal-ccdf-contacts-state						
Early Learning Standards/Foundations Early Learning Standards come from state departments of education and address the needs of infants, toddlers, and preschoolers. http://www.ed.gov/early-learning						
State Pre-K Programs are typically administered through the state department of education and provide education programs to 4-year-olds. The programs may be located in schools and fall under the jurisdiction of school districts.						
Birth to 3/Early Intervention Programs State Birth to 3 Programs are federally-mandated intervention programs (Part C of the Individuals with Disabilities Education Act—IDEA) to support families of children with developmental delays or disabilities under the age of three.	To find your state contact for early intervention services, visit http://www.nectac.org/contact/ptccoord.asp.					
Early Childhood Comprehensive Systems Grants These grants to state health departments come from the Maternal and Child Health Bureau (MCHB), HRSA. The grants are intended to help states form collaboratives to implement the Strategic Plan for Early Childhood Health developed in 2002. http://eccs.hrsa.gov/index.htm.						
Child Care Resource and Referral Agencies (CCR&Rs) These state agencies provide training and support for ECE providers as well as refer families to ECE programs. CCR&Rs have a national association body, Child Care Aware of America that advocates for quality ECE at the national level. www.childcareaware.org/.						
Vocational Schools, Community Colleges, and Universities These institutions provide and degrees and education credits for certification, as well as continuing education to ECE providers in the state.						

SECTION 1: Potential Key ECE Stakeholders	What agency administers the program? Who are the executive leaders?	Are you already working with them?	What are the agency's priorities? Any related to obesity prevention?	Is the agency doing anything about obesity prevention? Is it part of an existing coalition?	Any opportunities to leverage resources? Readiness to become involved?	Challenges or barriers to working with this agency? What issues need to be addressed?
Cooperative Extension Service These programs operate out of the land-grant universities funded by the National Institute of Food and Agriculture (NIFA), USDA. Cooperative Extension conducts research, education, and extension programs that increase the quantity and quality of ECE, afterschool, and teen out-of-school programs. Many cooperative extension offices provide training directly to ECE providers and staff to improve nutrition and physical activity behaviors. http://www.csrees.usda.gov/Extension/						
American Academy of Pediatrics (AAP) Early Childhood Champions (EECs) The AAP has appointed EECs in each of its state chapters to cultivate and connect leadership on early childhood issues across clinical, community, and policy settings. http://www.aap.org/coec						
Child Care Health Consultant Network (CCHC) Child care health consultants are health professionals once supported by federally funded networks to operate in all states. Some states still support CCHCs either statewide or regionally.						
State and County Registration/Certification Systems for ECE Providers						
Professional Associations for ECE Providers and Administrators; Organizations Representing Family Child Care Providers						
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Visit http://www.fns.usda.gov/wic/contacts/statealpha.HTM to find your state WIC agency						
Foundations and Health Care Organizations; Health Care Providers						
Existing federal grants focused on or including the ECE setting						
Others in your state*						

SECTION 2: Potential Key Obesity Prevention Stakeholders	What agency or organization administers the program? Who are the executive leaders?	Are you already working with them?	What are the agency's or organization's priorities? Any related to the ECE setting?	Do any activities involve the ECE setting? Are they part of an existing coalition?	Any opportunities to leverage resources? Readiness to become involved?	Challenges or barriers to working with this agency or organization? What issues will need to be addressed?
State or Community-level Obesity Prevention or Health/Wellness grantees with federal or private funding that allows for initiatives targeting the ECE setting (e.g. CDC, USDA, MCHB, ACF grants.)						
State SNAP-Ed program SNAP-Ed funds can be used to target the ECE setting. See http://snap.nal.usda.gov/snap/SNAP-EdInterventionsToolkit.pdf for details.						
State Parks and Recreation Programs						
Governor's Council/Task Force on Health/Healthy Lifestyle or Obesity Prevention						
Others in your state*						

*** Other agencies and organizations to consider engaging as partners in ECE obesity prevention opportunities:**

- Departments of child and family services
- County and city health departments
- Labor and workforce development agencies
- State chapters of the Division for Early Childhood (http://www.dec-sped.org/Contact/Subdivision_Contacts)
- Organizations serving children with special medical needs
- Organizations serving migrant and other underserved populations
- ECE advocacy and support networks
- ECE improvement and family support networks
- ECE information clearinghouses
- Family resource centers
- Cooperative educational services
- Child maltreatment prevention organizations
- Community libraries
- News media

State Spectrum Profile Worksheet

Use this worksheet to document available information needed to determine how well obesity prevention standards and implementation support are already embedded in your state's ECE system. The worksheet covers all opportunities on the spectrum framework and is not intended to be completed all at once. Start with the opportunities that align with the partners who are already members of your stakeholder group. Don't worry if there are a large number of items, or entire sections of the worksheet, for which no information is available!

A section for recording background information is included for each opportunity. This is a place to record information useful to stakeholders who are unfamiliar with that opportunity.

A few existing data sources are noted throughout the worksheet. These are meant to serve as a starting point. The most up to date information will likely come from individuals in your partnership group, especially state agency staff. These individuals may already have up-to-date briefing documents containing all important background information on their programs (e.g. licensing, subsidy, CACFP, QRIS).

Once information is gathered, the worksheet can be converted into a State Spectrum Profile with a Cover Sheet that summarizes where state-level obesity prevention standards and implementation support already exist. E-mail eceobesity@cdc.gov to request sample State Spectrum Profile templates.

Licensing & Administrative Regulations

BACKGROUND INFORMATION: Describe basic features of your state's licensing program such as: number of sets of regulatory documents and types of ECE programs covered by each; when regulations were lasted updated and when they are expected to be updated again; capacity of licensed programs, children served, number of licensing monitors and frequency of visits, annual trainings. Indicate the estimated number of children 0 – 5 years in the state who are in regular care arrangements that are unregulated (e.g. license-except facilities, non-legal care)

- **STANDARDS:** Summarize strength of current regulations vis-à-vis the 47 'high-impact' obesity prevention standards from Caring for Our Children 3rd ed (CFOC/PCO)

Go to: http://nrckids.org/default/index.cfm/products/achieving-a-state-of-healthy-weight1/ to find the most recent 'Achieving a State of Healthy Weight' reports. Click on link for the 'Supplement' report to find your state's table and summarize the results below.

Categorization of the 47 'high impact' CFOC/PCO Standard Components in Licensing Regulations

ECE Type*	# Fully Met	# Partially Met	# Missing	# Contradicted
Centers				
Large Family Homes				
Small Family Homes				

- **LINK TO CACFP:** Summarize whether licensing regulations link to the federal Child and Adult Care Food Program such that they will automatically update whenever the federal meal patterns are updated. E-mail eceobesity@cdc.gov for assistance if needed.
- **PRE-SERVICE/PROFESSIONAL DEVELOPMENT TRAINING REQUIREMENTS:** Describe the pre-service/professional development training requirements in licensing, noting whether any requirements exist specifically for obesity prevention topics. Also describe whether training on obesity prevention topics would fulfill any of the 'health and safety' training requirements.
- **COMMENTARY/GUIDANCE:** Note whether your state's licensing commentary/guidance documents include any additional support for standards on healthy eating, breastfeeding support, physical activity, or screen time reduction.
- **INCENTIVES:** Note whether any have been built into the licensing system to encourage ECE providers to achieve obesity prevention standards that exceed licensing regulations.
- **LICENSING MONITORS:** Describe how often providers are visited by licensing monitors and note whether monitors provide any technical assistance during their visits and, if so, on what topics.
- **DATA:** Describe whether any data relevant to obesity prevention standards are routinely gathered by licensing monitors. If data are gathered, note whether they are entered into a dataset and analyzed.
- **LOCAL AUTHORITY:** Go to: http://www.publichealthlawcenter.org/resources/healthy-child-care-local-authority to determine whether your state pre-empts localities from passing more stringent regulations. If no, investigate whether any localities in the state have adopted or encourage licensing regulations that exceed state regulations and note if they include obesity prevention related topics.

The Child Care Food Program (CACFP)

BACKGROUND INFORMATION: Describe basic features of your state's food program such as: who administers it, number of centers and family homes participating annually, children served, number of CACFP monitors and frequency of visits to participating ECE programs, number of sponsoring organizations, annual trainings, professional conferences, etc.

- **PARTICIPATION AND RETENTION:** Describe the proportion of ECE providers who are eligible to participate in the program that currently participate and how many providers typically drop out of the program each year. Explore where variability exists in participation and retention rates throughout the state.
- **ENHANCED STANDARDS:** Describe any specific nutrition standards that are required or promoted by your state's food program that exceed federal CACFP requirements.
- **PROMOTED INTERVENTIONS:** Describe any specific intervention related to obesity prevention that your state's food program actively supports and promotes to CACFP participating providers.
- **TECHNICAL ASSISTANCE:** Describe any systematic efforts by the state food program to ensure that CACFP participating providers receive technical assistance on non-nutrition obesity prevention related topics (e.g., physical activity, screen time).
- **SPONSORING ORGANIZATIONS:** Identify all of the primary organizations that serve as sponsors for your state's food program and describe whether and how they have incorporated obesity prevention in their work with the programs they sponsor. Also indicate whether they have done any 'one-off' activities focused on obesity prevention.
- **UTILIZATION OF FEDERAL FUNDS:** Indicate how much of the federal CACFP funding authorized to your state is not being drawn down and detail the barriers that prevent your state from accessing all of its authorized funds.

Quality Rating Improvement System (QRIS)

BACKGROUND INFORMATION: Describe basic features of your state's QRIS such as: basic components, number of levels, type of system, number of centers and homes participating, children served, number of QRIS technical assistance/coaches. If your state does not have a QRIS, describe status of plans to develop one. Be sure to note variability in QRIS participation (e.g. geographic, urban vs rural, etc.)

- **STANDARDS:** Summarize any standards specific to nutrition, breastfeeding support, physical activity and screen time that are included in your state's QRIS and indicate how well they align with the obesity prevention standards included in Caring for Our Children (3rd ed.).
- **ASSESSMENTS:** List any assessment (self or observational) included in QRIS, indicating whether they are required and describe how well they include obesity prevention topics.
- **ACTION PLANS:** Describe any requirements within QRIS for making and completing action plans and whether obesity prevention topics are included.
- **COACHES/TAs:** Describe how technical assistance providers for QRIS are specifically trained to provide implementation support for obesity prevention standards, if at all.
- **INCENTIVES:** Describe any incentives built into QRIS and whether the can be used to support implementing obesity prevention strategies (e.g. mini-grants, portable play equipment).
- **TRAINING REQUIREMENTS:** Describe the extent to which training on obesity prevention topics is required for ECE providers participating in QRIS.

ECE Funding Streams (Subsidy, Pre-K, Head Start)

BACKGROUND INFORMATION: Briefly describe your state's child care subsidy and Head Start programs including, number of programs, children served

- **SUBSIDY PROGRAM:** Describe whether your state has 1) any program provider eligibility standards related to obesity prevention topics, 2) training requirements (both pre-service and annual clock-hour) that include obesity prevention topics, and 3) requirements for parent education and engagement around obesity prevention topics.
- **STATE FUNDED PRE-KINDERGARTEN:** Describe whether there has been any initiatives within the state pre-k program to promote or require obesity prevention standards or whether a specific obesity prevention intervention (or a health and wellness intervention that includes obesity prevention topic areas) has been supported/promoted.
- **HEAD START PROGRAM:** Describe whether there has been any initiatives within the state's Head Start Programs specific to or including obesity prevention topics.

Pre-Service and Professional Development Training Systems

BACKGROUND INFORMATION: Describe the basic components of your state's pre-service/professional development system, including details on trainer networks and trainer requirements, training registries, institutions that award child care certifications and associates degrees. Map out your state's primary training requirements for ECE providers (e.g. those attached to licensing, food program, QRIS, subsidy, Head Start). Indicate the extent to which your state approves Pennsylvania State University's Better Kid Care Program's On-line training modules (https://extension.psu.edu/programs/betterkidcare/on-demand/states-with-approval). These modules are subsidized and are no-cost for providers to take ($5/module for CEUs)

- **ON-DEMAND TRAINING:** Describe all on-demand training modules on obesity prevention topics that are available to state ECE providers for professional development credit.
- **CURRICULUM:** Describe the extent to which ECE certificate/degree programs' curriculum include core obesity prevention content (i.e., nutrition, breastfeeding support, physical activity, and screen time reduction).
- **TRAINER NETWORKS:** Describe how the primary trainer networks stay current on obesity prevention standards and implementation strategies.

Statewide Technical Assistance Networks

BACKGROUND INFORMATION: Describe all of the technical assistance networks operating statewide and those that cover specific areas of the state including number of technical assistants (TAs), caseloads, funding, and preservice/professional development requirements. Be sure to note any variability in how well each TA network covers the state.

- **EXPERTISE OF TAs on Obesity Prevention:** Identify TAs who have specialize expertise on obesity prevention topics, such as those who were involved in specific state initiatives or local interventions.
- **Estimate the proportion of TAs who might be in need of professional training on current obesity prevention standards and how to help providers meet these standards.**
- **LOCAL HEALTH DEPARMENTS:** Detail whether any local health departments have been involved in obesity prevention initiatives and have staff available to provide train other TAs, ECE trainers and/or ECE providers on obesity prevention.

Statewide Recognition Programs & Facility-level Interventions

BACKGROUND INFORMATION: Describe your state's current and former (within past 10 years) ECE recognition programs and interventions that operated statewide, including topic area foci, number of participating providers, timeframes for re(certification), required trainings, participation incentives, etc.

- **RECOGNITION PROGRAMS AND INTERVENTIONS FOR OBESITY PREVENTION:** Summarize all currently operating programs and interventions focused on obesity prevention or that include at least one obesity prevention topic (nutrition, physical activity, breastfeeding support, screentime) that operate state-wide and those focused on particular areas of the state. Describe how these programs and interventions are connected to other parts of your state's ECE system.

Statewide Access Initiatives (Farm to ECE)

BACKGROUND INFORMATION: Summarize what's known about food and activity deserts in your state, focusing on how many young children in those areas are estimated to be cared for in ECE.

- **STAKEHOLDER GROUPS:** Describe and groups or coalitions working in the state to identify and address barriers to access to healthy environments. Note whether any of these groups included ECE providers specifically in their work.
- **FARM TO ECE:** Describe your state's resource allocation for Farm to ECE initiatives and any other forms of commitment. Identify relevant data sources for farm to ECE program components (direct purchasing from farmers, use of farmer's markets, onsite gardening, on-demand resources etc.) and summarize findings.
    - If possible, map out variability in the state in terms of provider's access to farm to ECE initiatives. Identify any regional or local model farm to ECE initiatives that might be scaled up.
    - Summarize requirements and restrictions for onsite gardens related to types of plants grown and age-groups allowed to participate in gardening activities.
- **CENTRAL KITCHENS:** Identify any central kitchen models operating in the state and who they serve.
- **FOOD PROCUREMENT AND DISTRIBUTION CHAINS:** Map out the fresh food procurement and distribution chains operating in your state and describe the extent to which they are or might be able to serve ECE providers.
- **JOINT-USE AGREEMENTS:** Explore the extent to which ECE programs benefit from joint-use agreements in the state that allow access to safe places for physical activity.
- **FEDERAL GRANTS:** Detail whether your state has used funding from any long-standing federal grant programs for efforts geared toward improving access to nutritious food or safe places for physical activity for ECE providers.

Early Learning Standards

BACKGROUND INFORMATION: Describe your state's early learning standards including who maintains them, when they were last updated and are expected to be updated again, number and category of standards

- **CONTENT:** Describe how obesity prevention related content is embedded into the state early learning standards, if at all.
- **GUIDANCE MATERIALS:** Describe whether any materials exist to help ECE providers understand how some of the state's early learning standards can be met in a manner that simultaneously supports nutrition and/or physical activity.

Equity Worksheet

Within your partnership group, it is important to understand the equity goals and considerations that inform each other's work. Use this worksheet to document this information for easy reference during your state's action planning process. Add to it as new partners join your state's efforts.

1. Describe the key data and most recent statistics available for health inequities among young children in your state:

2. Describe the key data available and most recent statistics available for inequities related to ECE in your state:

3. As individuals from different agencies, offices, and organizations join your state's partnership group, record their equity priority areas, goals, and strategies below.

PARTNER NAME AND AFFILIATION	EQUITY PRIORITIES & GOALS	STRATEGIES FOR ACHIEVING EQUITY GOALS

Spectrum of Opportunities Assessment Worksheet

Use the worksheet below to catalogue all efforts to date, regardless of whether they were successful through the Spectrum of Opportunities Framework. This will help to determine what is working well and to identify gaps or areas for improvement.

Instructions: For each of the opportunities listed below, fill-in all available information regarding efforts related to obesity prevention that are completed or are currently in your state. Consider color-coding information to easily distinguish between efforts that are state-wide and those that are not.

	Description of Work Completed / In Progress	Materials, Resources, & Persons Involved	Time Frame of Work	Evaluation Results/Plans	Challenges & Benefits Encountered/Expected	Known/Expected Equity Impact
Licensing & Administration Regulations						
Child Care Food Program (CACFP)						
Quality Rating Improvement System (QRIS)						

	Description of Work Completed / In Progress	Materials, Resources, & Persons Involved	Time Frame of Work	Evaluation Results/Plans	Challenges & Benefits Encountered/Expected	Known/Expected Equity Impact
ECE Funding Streams (Subsidy, Head Start)						
Pre-service & Professional Development Systems						
Statewide Technical Assistance Networks						

	Description of Work Completed / In Progress	Materials, Resources, & Persons Involved	Time Frame of Work	Evaluation Results/Plans	Challenges & Benefits Encountered/Expected	Known/Expected Equity Impact
Statewide Recognition Programs/Interventions						
Statewide Access to Initiatives (Farm to ECE)						
Early Learning Standards						

Determine Feasibility of Opportunities

With your partners, determine which opportunities are viable options at this time. Use the rating worksheet to help assess the relative feasibility of pursuing new (or strengthening existing) opportunities based on a variety of factors, such as available resources, including personnel (time and energy), funding, space, and supplies and materials. In making your ratings, consider the opportunity costs—relative costs; if you expend resources moving forward with one initiative, will another have to give? Also factor in timing, as a number of ECE-related programs and policies happen on a regular schedule or have a narrow window of opportunity for change.

Taken together, the information gathered to complete the Spectrum of Opportunities Assessment and Rating Worksheets should help answer several key questions, such as:

- What are the gaps in current policies and programs?
- Are there fixed timelines or funding cycles that make an opportunity timely to pursue now? For example, state licensing regulations may be up for review on a specific schedule, such as every 5 years.
- What resources are currently available or might be reasonably obtained in the near future? Is there one opportunity for change that requires the least amount of resources but may provide a big yield?
- What is the political will in your state? Are some opportunities off-limits from the standpoint of current political and agency leadership?
- Are key stakeholders more interested in making improvements focused on one specific area, such as breastfeeding, or are they willing to engage in changes that encompass nutrition, physical activity, breastfeeding, and screen time reduction comprehensively?

Spectrum of Opportunities Rating Worksheet

For each opportunity identify the specific option(s) that might be pursued in your state and then rate each option on the following dimensions: timeliness, cost, effort, commitment, and reach. Rate each on a scale from 1 to 5 using the chart below. Higher scores suggest the opportunities that may be better options for pursuing now. Use the notes column to document equity considerations for each option relative to your state's equity goals. Keep in mind that some options may have mixed results.

Add additional columns to the chart if there are other dimensions that should be taken into consideration in your state. If the dimensions are not equally important for you, be sure to change the suggested scoring appropriately so that more important factors are weighted more heavily. For example, if reach is most important to your stakeholders, consider doubling the reach score before summing across dimensions.

Keep in mind that this worksheet is designed to help determine what is feasible at the present moment. Low scoring options should not be dismissed out of hand. Rather, examine why their scores are low to determine what actions would need to be taken to help improve the viability of these options.

- **Timeliness:** How timely is this opportunity right now? Take into consider any inherent time cycles, as well as political will.
- **Cost:** How expensive would it be to plan and implement this opportunity?
- **Effort:** How much effort and time would be needed to pursue this opportunity?
- **Commitment:** How enthusiastic would people be about implementing the opportunity?
- **Reach:** How many children would be impacted by this opportunity if successfully implemented?

	Description of potential option(s) to pursue	Timeliness 1= low 3 = moderate 5 = high	Cost 1= high 3 = moderate 5 = low	Effort 1= high 3 = moderate 5 = low	Commitment 1= low 3 = moderate 5 = high	Reach 1= low 3 = moderate 5 = high	Total Points	Notes on Equity Considerations
Licensing & Administration Regulations								
Child Care Food Program								
Quality Rating Improvement System								
ECE Funding Streams								
Pre-service & Professional Development Systems								
Statewide Technical Assistance Networks								
Statewide Recognition Programs/ Interventions								
Statewide Access to Initiatives (Farm to ECE)								
Early Learning Standards								

Develop an Action Plan and Logic Model

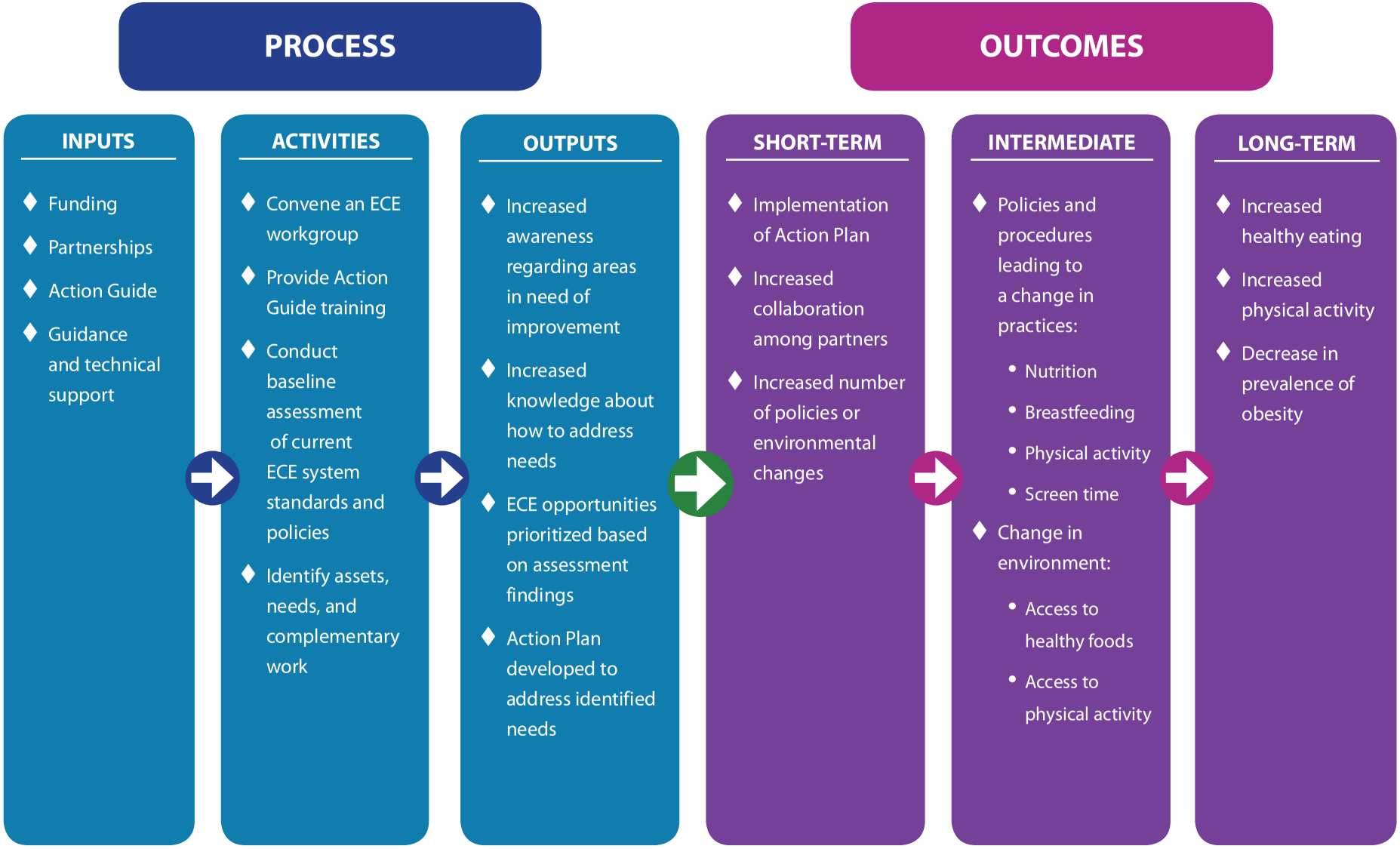
Developing an action plan means turning ideas raised during the assessment process into reality. Action plans keep you on track and focused by setting objectives and timelines, provide guidelines for achieving objectives, help you monitor your progress and successes, and give you a clear vision of what you are going to do and what outcomes to expect. An action plan firmly states goals, measurable objectives, and time-phased action steps. It also identifies resources and responsible individuals, groups, or organizations and describes how to evaluate the activity. Developing an action plan in concert with partners and stakeholders is a helpful way to solidify activities and identify personnel, financial resources, and other inputs that are important to initiating change in the ECE arena. The Action Planning Worksheet on the next page, and example logic model that follows, will help you craft an action plan for your efforts.

Action Planning Worksheet

- **Selected Opportunity:** Indicate which Opportunities from the Spectrum will be pursued.
- **Action Steps:** List the activities required to pursue each opportunity.
- **Materials, Resources, and Personnel:** List the individuals who will do the work & the resources and tools they need to get the job done.
- **Time Frame:** When will implementation begin? How long will it take to finish?
- **Evaluation Method:** How will you measure whether you are successful?

Selected Opportunity	Action Steps	Materials, Resources, and Personnel	Time Frame	Evaluation Method	Comments
1.	1.1				
	1.2				
	1.3				
	1.4				
	1.5				
2.	2.1				
	2.2				
	2.3				
	2.4				
	2.5				
3.	3.1				
	3.2				
	3.3				
	3.4				
	3.5				
4.	4.1				
	4.2				

Example Logic Model for Early Care and Education Action Plan



(See the evaluation guide "Developing and using a Logic Model" at http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/logic_model.htm for more information).

Talking Points for Stakeholders

The following national level statistics on childhood obesity, related behavioral risk factors, and the role of the ECE setting in addressing this major public health problem may be useful in working with your stakeholders. State and community level data pertaining to childhood obesity, obesity risk factors, and the ECE setting are increasingly available from numerous governmental and nongovernmental data sources and may prove more useful for stakeholders.

- In 2013-2014, more than 9% of 2 to 5 year olds were obese. While the rate of obesity in this age group has declined since 2003-2004, it is still too high.[1]
- An estimated 26.7% of 2 to 5 year olds children are already overweight or obese (2009/10 data).[2]
- Children who are obese are at risk for high blood pressure and high cholesterol, impaired glucose tolerance, insulin resistance and type 2 diabetes. They are also at risk for poor self-esteem, breathing problems, such as sleep apnea, and asthma, joint problems, and fatty liver disease (http://www.cdc.gov/obesity/childhood/basics.html).
- Children who are obese are also more likely to become adults who are obese and at increased risk for chronic diseases, including heart disease, stroke, diabetes, and arthritis, which can lead to illness, limitations in daily functioning, reduced quality of life, and premature death.
- The Centers for Disease Control and Prevention (CDC) focuses on four areas for obesity prevention targeting children in ECE: nutrition, breastfeeding support, physical activity, and screen time.
    - Breastfeeding helps protect infants from becoming overweight in childhood,[3-5] but only 47% of U.S. infants born in 2009 were breastfed at 6 months and 26% at 12 months of age.[6]
    - The diets of young children in the United States are low in fruits, vegetables, and whole grains and high in added sugars and saturated fats.[7-9]
    - Nearly half of 2- to 3-year-olds consume a sugar-sweetened beverage* daily, and a quarter to a third consume whole rather than low-fat or nonfat milk.[8,10-12] Children ages 2 to 5 years are estimated to consume approximately 70 kilocalories from sugar drinks.[13]
    - A few small studies have found that an estimated 70%[14] to 87%[15] of children's time in early care and education is spent being sedentary (i.e., sitting or lying down),[16] and less than 3% may be spent engaging in moderate-to-vigorous physical activity.[15] One study found that in a typical day, 83% of children ages 6 months to 6 years spend an average of nearly two hours using some form of screen media.[17] Another study estimated that 70% of infant through preschool-aged children in center-based ECE and 36% in home-based care watch television daily, for an estimated 1.5 and 2-3 hours, respectively.[18]

- The ECE setting—which includes child care centers, day care homes (also known as family child care), and Head Start and pre-kindergarten programs—is a critical place for obesity prevention efforts.[19]
- ECE facilities whose nutrition, breastfeeding support, physical activity and screen time policies and practices are meeting national guidelines can help young children develop healthy eating and activity habits that can carry into adulthood.

* Note: The 2010 Dietary Guidelines for Americans defines sugar-sweetened beverages as 'Liquids that are sweetened with various forms of sugars that add calories. These beverages include, but are not limited to, soda, fruit ades and fruit drinks, and sports and energy drinks'. Reference: U.S. Department of Agriculture, U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Page 95. http://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf.

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