CHAMPIONS for CHANGE
Network for a Healthy California

Early Childhood Local Health Department Scope of Work, Objective 16

Reaching young children, their families, and other adult caregivers

Monet Parham-Lee, MPH
Thursday, March 21, 2013
Webinar

Why early childhood?

- 1 of 3 US children are obese or overweight before their 5th Birthday
- Obese children are more likely to have high blood pressure, high cholesterol, and type 2 diabetes
- Obese children are more likely to become obese adults

CDC National Center for Chronic Disease Prevention and Health Promotion

- 33% of California's low-income children aged 2-5 are overweight or obese

2010 Pediatric Nutrition Surveillance System

- More than 60% of US children under age 5 are in some type of non-parental child care on a regular basis and receive meals and snacks in those environments

National Center for Children in Poverty

Working the Early Childhood Scope

- Local Health Departments selecting this scope of work can build on/enhance:
  - Existing WIC activities
  - Partnerships with First 5 County Commissions
  - Relationships with local child care resource and referral agencies and Child and Adult Care Food Program sponsors
  - Connections with local social services departments/child care licensing staff
  - Work with schools that are co-located with preschools and/or child care centers
  - Coordination with county medical and dental clinics; and federally qualified community clinics
  - Local Let's Move! efforts

Core Early Childhood SOW Components

1. Develop and maintain outcomes-focused partnerships with relevant local entities

2. Engage, educate, and partner with early childhood care and education audience

3. Engage, educate, and partner with medical and dental provider audience

1. Partnership Development and Maintenance

- Outcomes-focused
  - Regular meetings, teleconferences, or other communication designed to pursue and achieve identified outcomes in the early childhood arena
- Relevant local entities
  - Examples listed in the scope of work (SOW)

2. Early Childhood Care and Education Audience

- Work with family day care sponsor agencies, child care centers, and preschools serving low-income audience, assist them to:
  - Assess their current nutrition and physical activity environments (tools available)
  - Identify applicable healthy site changes to be pursued

2. Early Childhood Care and Education Audience (cont.)

- Provide them with:
  - Nutrition education and physical activity training(s)
  - Encouragement and support to operationalize identified changes (provide nutrition education materials for dissemination and display, deliver periodic technical assistance, connect them with local resources, etc.)
- Document healthy site changes

3. Medical and Dental Provider Audience

- Work with medical and dental providers and clinics; and federally qualified community clinics serving low-income audience, assist them to:
  - Identify nutrition and physical activity as important topics to regularly discuss with patients
  - Participate in relevant intermediary and general community discussions and activities related to the childhood obesity epidemic and prevention opportunities

3. Medical and Dental Provider Audience (cont.)

- **Provide them with:**
  - **Nutrition education and physical activity training(s)**
  - **Access to nutrition education materials for in-office distribution and display**

Training and Educational Materials

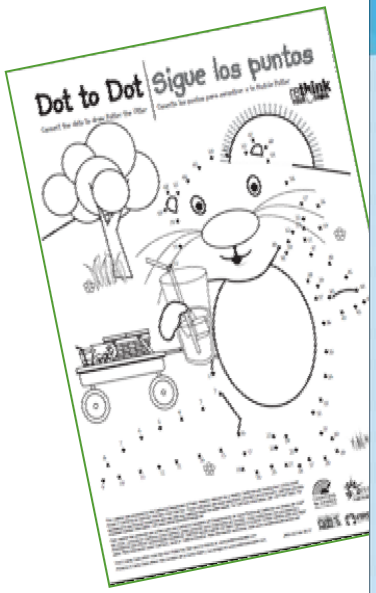
- **Local health departments selecting this SOW should:**
  - **Contact local colleagues to access state-provided BMI and other relevant data to assist in the planning process**
  - **Attend state-provided training**
  - **Use existing, approved nutrition education materials**

http://www.cdph.ca.gov/programs/cpns/Documents/Network-LHD-NutEdList.pdf

Potter the Otter

Kits (#671) include:

- **Poster**
- **Postcards**
- **Tip Sheets**
- **Stickers**
- **Puppet Cut Outs**
- **Activity Sheets**



Harvest of the Month

Network for a Healthy California

http://www.harvestofthemonth.cdph.ca.gov/

Download the *How to Grow Healthy Students* guide to learn how to use the materials and resources and implement a successful Harvest of the Month program.

MyPlate Resources

- **Choose MyPlate**
  - http://www.choosemyplate.gov/
  - Variety of MyPlate Resources for adults, families, etc.

  - http://www.choosemyplate.gov/preschoolers.html
  - MyPlate for preschoolers mini-poster, meal and snack ideas, physical activity tips, etc.

  - Incorporating MyPlate in the Child Care Classroom

  http://nfsmi.org/Webinars/MyPlate/3/handouts-3per.pdf

CACFP Resources

- **Nutrition & Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program (CACFP)**
  - **http://www.teamnutrition.usda.gov/Resources/nutritionandwellness.html**
  - **A series of tip sheets addressing current wellness recommendations**
- **National Food Service Management Institute**
  - **www.nfsmi.org**
  - **Meal Time Memos for Child providers participating in CACFP (available in Spanish and English; Feb 2013 focus was MyPlate for Preschoolers)**
  - **Webinars/Recordings**
  - **On-line courses on a variety of relevant subjects**

Additional Resources

- **Wellness Resources for Child Care Providers**
  - **http://healthymeals.nal.usda.gov/cacfp-wellness-resources-child-care-providers**
  - **Topics include nutrition, physical activity, electronic media use/screen time, wellness policies, etc.**
- **Healthy and Active Preschoolers-A Nutrition Learning Center for Child Care Professionals (CA Department of Education)**
  - **http://www.healthypreschoolers.com/**
  - **On-line courses, curriculum, nutrition education materials (including Food for Thought)**

Additional Resources (cont.)

- Background documents to assist in building overall understanding of child care and nutrition arenas, respectively:
  - **http://www.ccrwf.org/pdf/childcare.pdf**
  - **http://ccrwf.org/publications/understanding-nutrition-a-primer-on-programs-policies-in-california/**
- Training for Local Health Departments selecting the Early Childhood Scope of Work
  - Based on *Best Practices for Child Care Nutrition and Physical Activity Environments-A Guide for Self-Assessment and Policy Development (aka CHOICE MANUAL)*
    - **http://www.ccfproundtable.org/docs/BestPractices/BestPracticesHandbook.pdf**
    - Manual to help child-serving organizations through the process of developing and implementing comprehensive written nutrition and physical activity policies

Please direct questions regarding this presentation to:

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Saving all questions till the end.

Please continue to submit questions through chat, we will address all questions at the end of the webinar.

Collaboration between LHDs & Child Care Organizations to Achieve Healthy Site Changes in Child Care Settings

Kitty Lenhart, MEd RD

Contra Costa Child Care Council

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Network for a Healthy California

Contra Costa Child Care Council

Network Leadership Project

- ❖Develop partnerships and provide training and technical assistance to early childhood care and education sites

- ❖Assist LHDs to fulfill Objective 16 activities to facilitate nutrition and obesity prevention strategies resulting in healthy site changes

The **CHOICE** Manual: An Indispensable Tool for Developing and Implementing Nutrition and Physical Activity Policy

Contra Costa
Child Care Council

CHOICE

Creating Healthy Opportunities In Child Care Environments

Purpose of the CHOICE Manual

Review existing practices

Acknowledge work already being done

Identify areas of change

CONTENTS

THIS IS A TOOL KIT to help you through the process of developing and implementing comprehensive written nutrition and physical activity policies for your child care center or child care home. Whether you are working on single or multiple policies, use the following outline as a guide to set your goals, monitor your progress, and achieve individualized written and implemented policy for your program.

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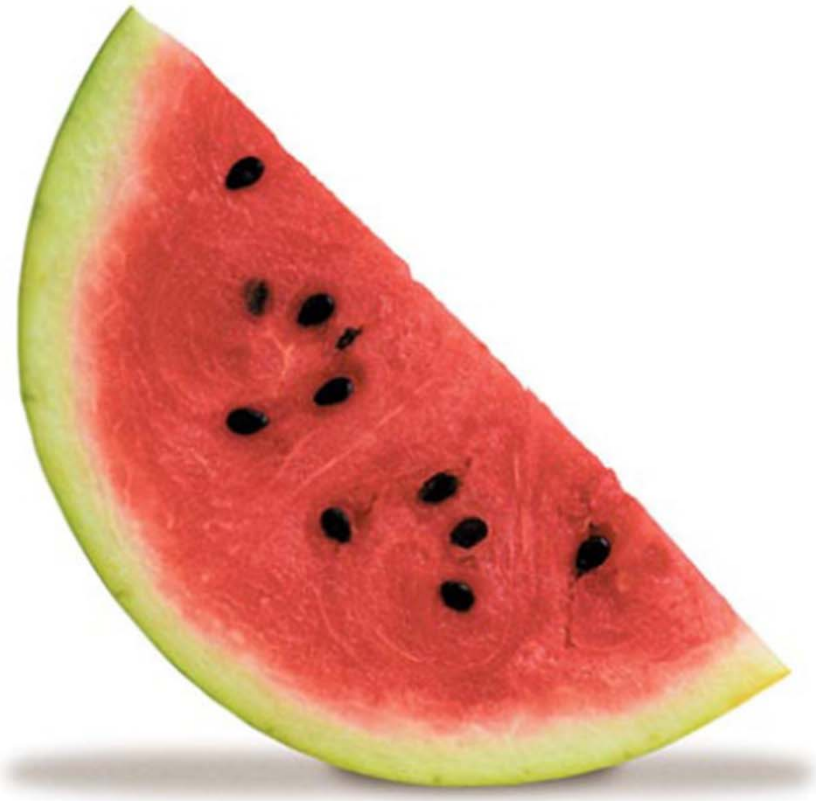
Assessment



Self Assessment Questionnaire

Contra Costa Child Care Council

NAME _____ DATE _____

Self-Assessment Questionnaire

Please mark the box that describes your current practice.

NUTRITION: Feeding Practices	Already doing	Making progress in doing	Planning to do	Not planning to do
1. Parents receive written nutrition policies upon enrollment.	☐	☐	☐	☐
2. Parents are informed about what their children are eating.	☐	☐	☐	☐
3. If food is brought from home, parents are provided with guidelines.	☐	☐	☐	☐
4. Menus are posted for parents to see.	☐	☐	☐	☐
5. Meals and snacks are scheduled at regular times.	☐	☐	☐	☐
6. Portion sizes are age appropriate.	☐	☐	☐	☐
7. Mealtimes are relaxed, calm and with shared conversation.	☐	☐	☐	☐
8. Children decide which foods they will eat from the foods offered.	☐	☐	☐	☐
9. Children are not required to eat all the food on their plates.	☐	☐	☐	☐
10. Children serve themselves from serving dishes at mealtime.	☐	☐	☐	☐
11. Children with special needs have their nutrition needs taken into account.	☐	☐	☐	☐
12. Food is served in a form that young children can eat with minimum assistance and without choking.	☐	☐	☐	☐
13. Adults sit with children at mealtime.	☐	☐	☐	☐
14. Adults eat the same foods as children at mealtime.	☐	☐	☐	☐
15. Foods are served that reflect the ethnicity and cultures of all children in the center/home.	☐	☐	☐	☐
16. Special occasions and holidays are celebrated with mostly healthy foods or with non-food treats.	☐	☐	☐	☐
17. Parents are provided a supportive breastfeeding environment.	☐	☐	☐	☐
18. Water is freely available both indoors and outdoors.	☐	☐	☐	☐

NUTRITION: Food Served					
19. 100% fruit juice is offered.	☐ 1 time per day	☐ 2 times per day	☐ 3–4 times per day	☐ Never
20. Chicken nuggets, fish sticks, hot dogs, corn dogs, bologna or other lunch meat, sausage or bacon are offered.	☐ 1 time per week	☐ 2 times per week	☐ 3 or more times per week	☐ Never
21. Whole grain bread, oatmeal, whole grain cereal, brown rice, whole wheat tortillas, corn tortillas or other whole grains are offered.	☐ 1 time per day	☐ 2 times per day	☐ 3 times per day	☐ Never
22. Vegetables including fresh, frozen or canned, are served.	☐ 1 time per day	☐ 2 times per day	☐ 3 times per day	☐ Never
23. Fruit, including fresh, canned in water or own juice, frozen or dried is served.	☐ 1 time per day	☐ 2 times per day	☐ 3 times per day	☐ Never
24. Milk served to children ages 2 years and older is:	☐ whole or regular	☐ 2% reduced fat	☐ 1% reduced fat	☐ skim or non-fat

PHYSICAL ACTIVITY	Already doing	Making progress in doing	Planning to do	Not planning to do
25. Parents receive written physical activity policy upon enrollment.	☐	☐	☐	☐
26. Daily play and planned movement experiences both indoors and outdoors are provided to children.	☐	☐	☐	☐
27. Information is provided to parents about their children's physical activity choices while in child care.	☐	☐	☐	☐
28. Staff participate in physical activities with children.	☐	☐	☐	☐
29. Restriction of play time is not used as a disciplinary tool.	☐	☐	☐	☐
30. Activities, equipment and outside play areas are developmentally appropriate and safe.	☐	☐	☐	☐
31. Media time for children is used only for educational purposes.	☐	☐	☐	☐

STAFF AND PARENT TRAINING	Already doing	Making progress in doing	Planning to do	Not planning to do
32. Training opportunities are provided for staff on physical activity for children.	☐	☐	☐	☐
33. Training opportunities are provided for staff on child nutrition.	☐	☐	☐	☐
34. Parents are provided information that encourages physical activity at home.	☐	☐	☐	☐
35. Parents are provided information on child nutrition and healthy eating.	☐	☐	☐	☐

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This material was partially funded by the California Department of Public Health, Network for a Healthy California, USDA Supplemental Nutrition Assistance Program (formerly the Food Stamp Program). These institutions are equal opportunity providers and employers. In California, food stamps provide assistance to low-income households and can help buy nutritious foods for better health. For food stamp information, call 877-847-3663. For important nutrition information, visit www.cachampionsforchange.net.

The project was made possible in part by a grant from the Vitamin Cases Consumer Settlement Fund. Created as a result of an antitrust class action, one of the purposes of the Fund is to improve the health and nutrition of California consumers.

AUG 2010

Best Practices for Child Care Nutrition & Physical Activity Environments

Self-Assessment Questionnaire Practices

NUTRITION: Feeding Practices

1 Parents receive written nutrition policies upon enrollment.

Best Practices	Rationale
Support parents' efforts to evaluate the quality of child care by providing information on nutrition, physical activity policies and meal schedules.	A statement of policy and practice can inform parents and provide them with a way to assess quality of child care.

TALKING POINTS

- Nutrition Policy (NP) that is written and implemented, provides guidance for staff and aids in communication with parents
- NP prevents problems, provides solutions and is a measure of quality for a child care program
- NP can be used in provider's newsletters or parent handbook

NUTRITION: Feeding Practices

2 Parents are informed about what their children are eating.

Best Practices	Rationale
Daily information is provided to parents about their child's activities and needs including eating and physical activity.	Children benefit when parents and caregivers share information about how to maintain complementary support for healthy choices at home and in the child care or preschool setting.

TALKING POINTS

- Shared information helps parents recognize the variety of foods offered to their children while in child care
- Provides an opportunity to learn what foods their children enjoy in child care and those not eaten or offered at home
- Helps parents plan meals at home that do not duplicate what a child has been served that same day in child care
- More acceptance of new foods when eating with peers

Writing and Implementing Nutrition & Physical Activity Policy

Policy Worksheet

NUTRITION: Feeding Practices

Best Practice #1 – Parents receive written nutrition policies upon enrollment.

To incorporate this best practice into a written and implemented policy, these are some ideas to consider:

- promotion of healthy options and restriction of unhealthy options
- guidelines on food brought from home
- meals and snacks scheduled at regular times
- children decide which foods they will eat from foods offered
- adults sit with children at mealtime
- adults eat the same foods as children at mealtime
- menus posted
- children serve themselves from serving dishes
- allergies and other special needs taken into account
- foods provided by the site or avoided, such as peanuts

Sample policy:

Food served to children meet the USDA CACFP requirements, promote an acceptance of a variety of foods by offering new foods along with more familiar foods, and are culturally appropriate, respecting all children's food customs.

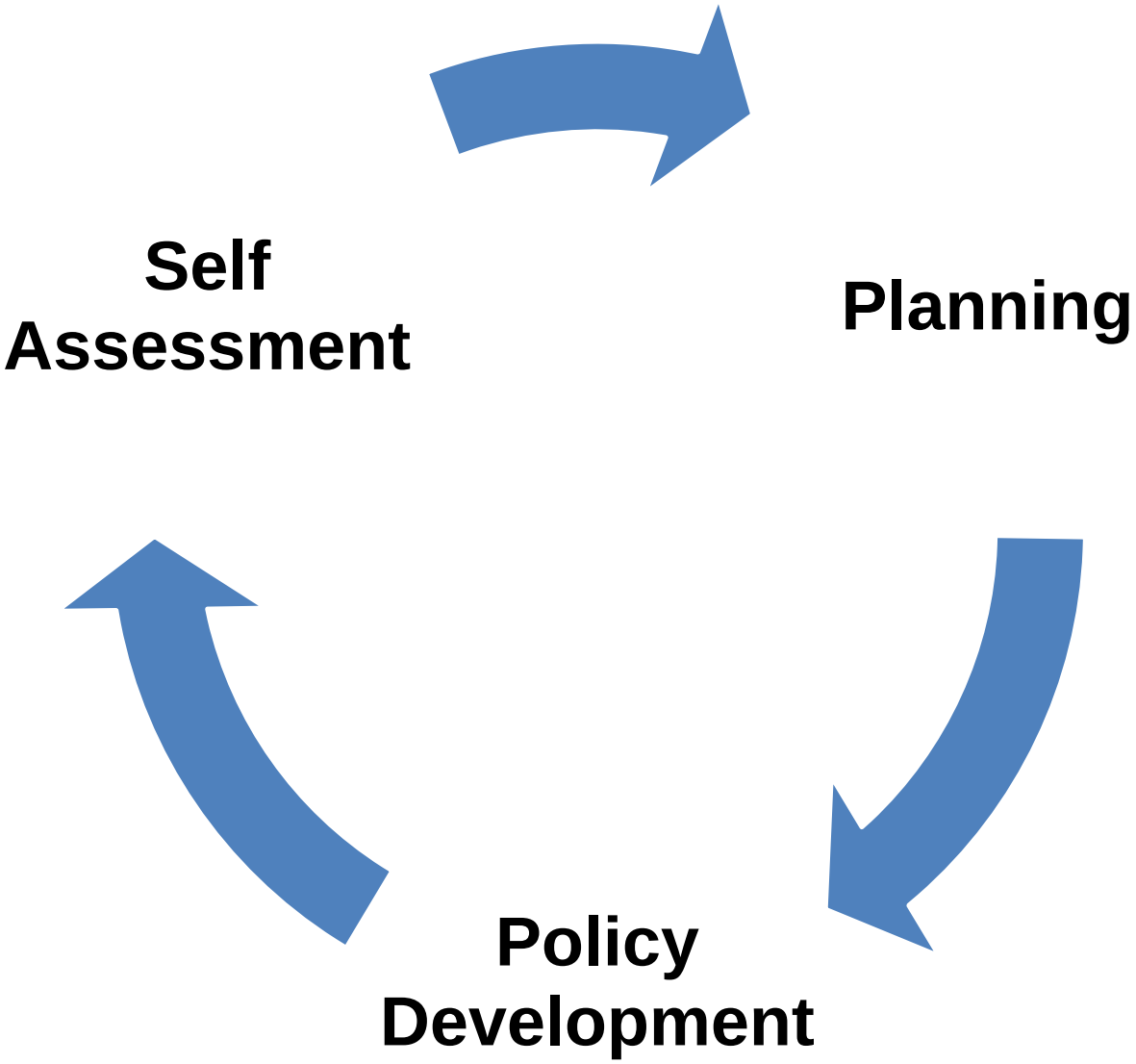
Your ideas to consider:

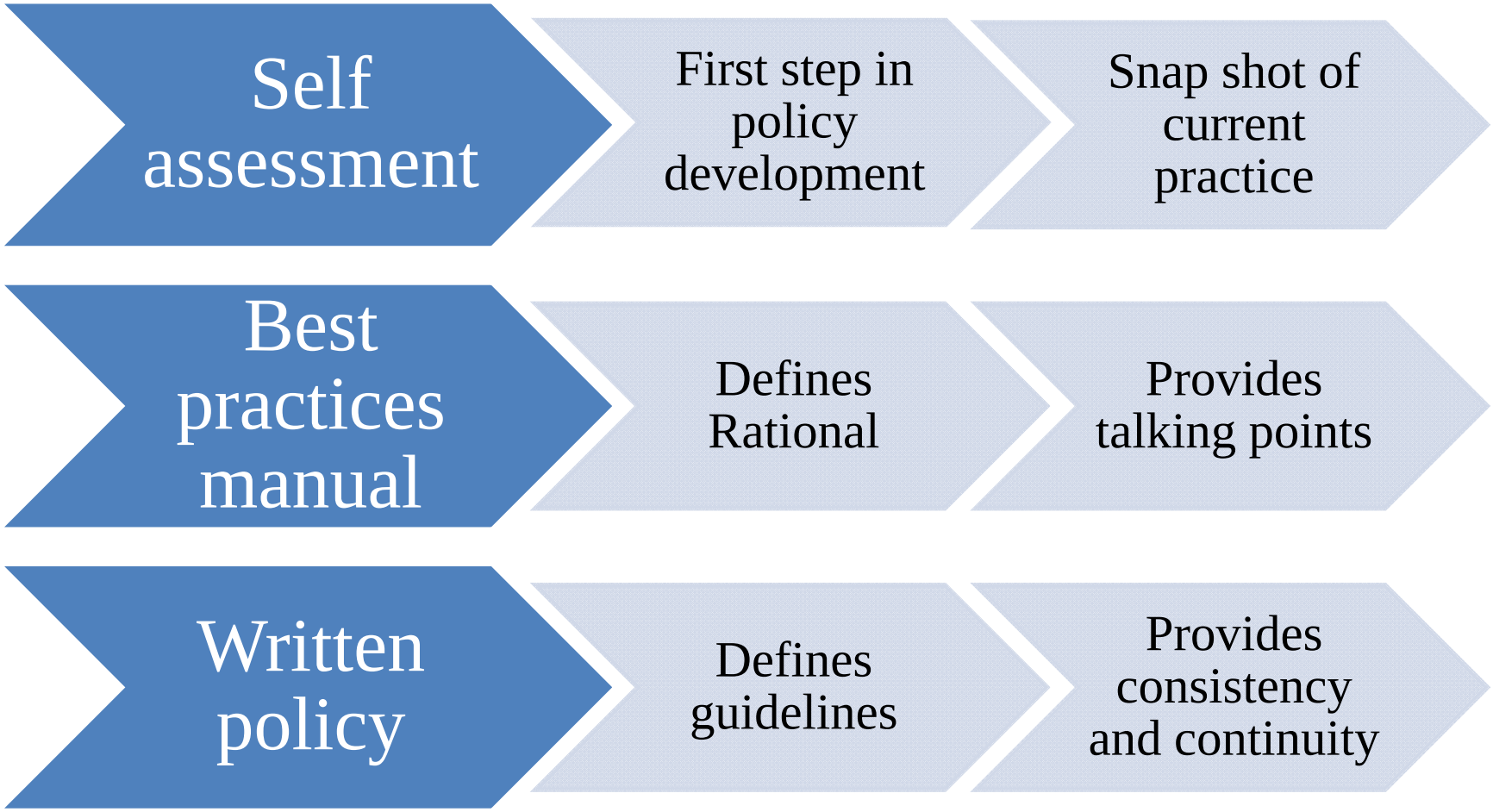
Your existing policy:

Changes and additions:

Proposed new policy:

Steps for implementing new policy:


Self
Assessment
Planning
Policy
Development


Self assessment
First step in policy development
Snap shot of current practice
Best practices manual
Defines Rational
Provides talking points
Written policy
Defines guidelines
Provides consistency and continuity

Improving Child Care Activity and Nutrition

Evaluation of Self-Assessment and Follow-up Questionnaires

Prepared for the Contra Costa Child Care Council
ATKINS CENTER FOR WEIGHT AND HEALTH
October 2010

Improving Childcare Activity and Nutrition

Evaluation Summary
Prepared for the Contra Costa Childcare Council

The Atkins Center for Weight and Health at UC Berkeley evaluated data collected to assess the impact of an intervention conducted by the Contra Costa Child Care Council. The intervention was aimed at improving and promoting healthy eating and physical activity practices for young children. Prior to the intervention and again approximately 6 months later, 50 childcare providers completed a 34-item Self-Assessment Questionnaire (SAQ). At follow-up an additional questionnaire was administered to gather more in-depth information about the nature of the practices that had changed. The impact of the intervention was assessed on four domains:

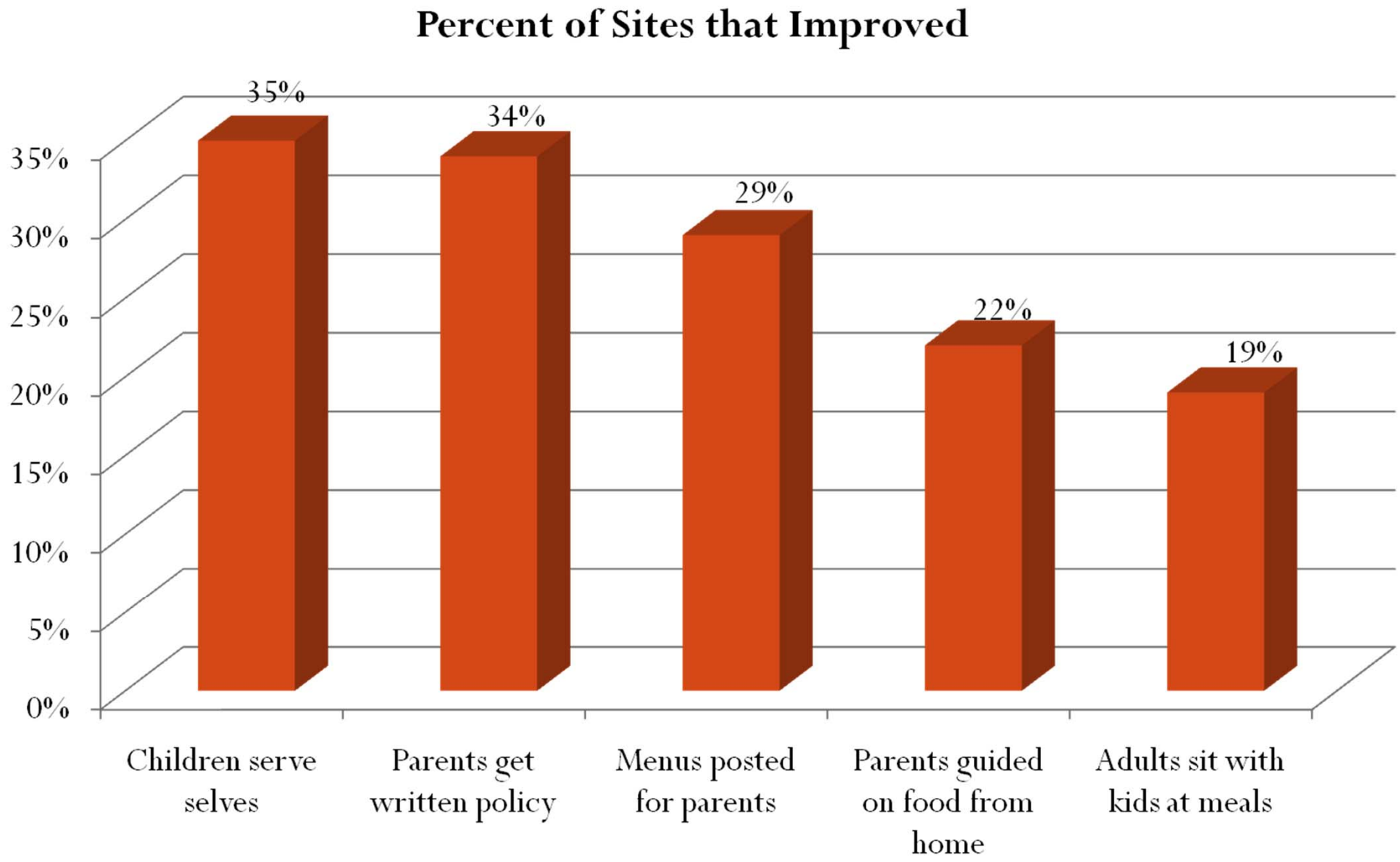
- Nutrition- Feeding Practices
- Nutrition- Food Service
- Physical Activity- Active Play Practices
- Staff & Parent Training- Nutrition and Physical Activity

RESULTS – What We Found

Significant improvements in site practices occurred…

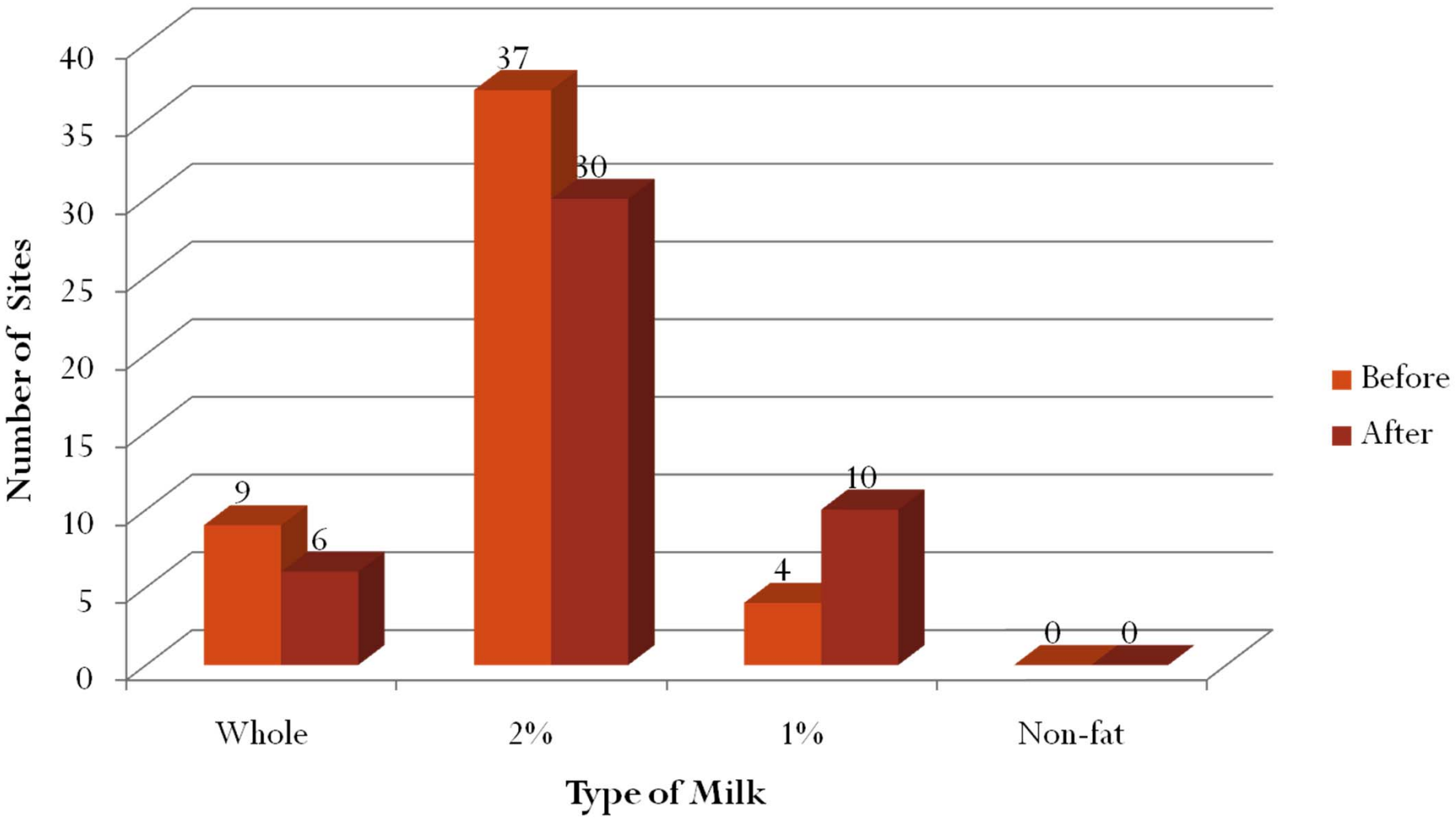
- Even though intervention occurred over only a 6 month period…
- Or involved only 3 visits....

Significant Improvement – Feeding Practices

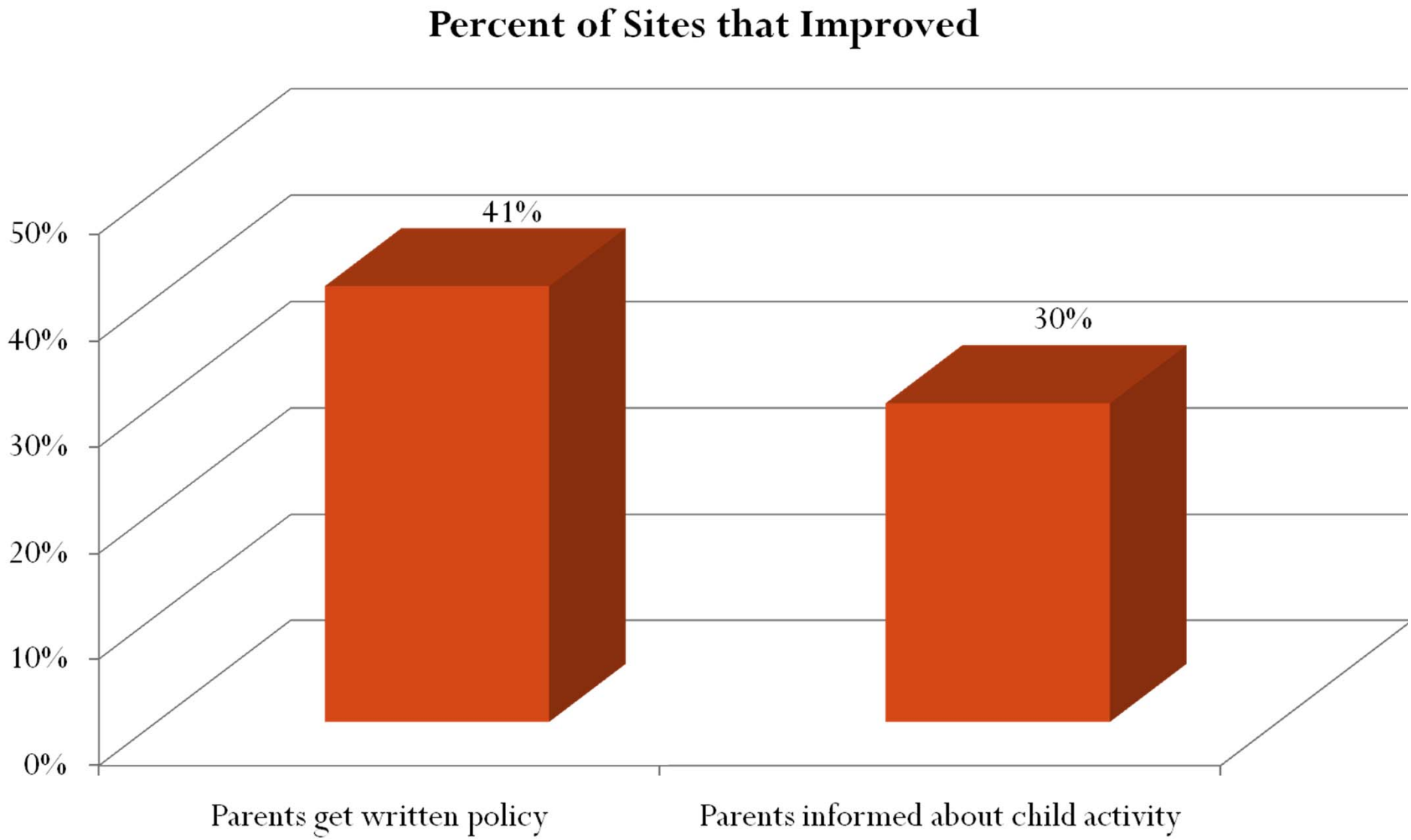


Significant Improvement – Food Served

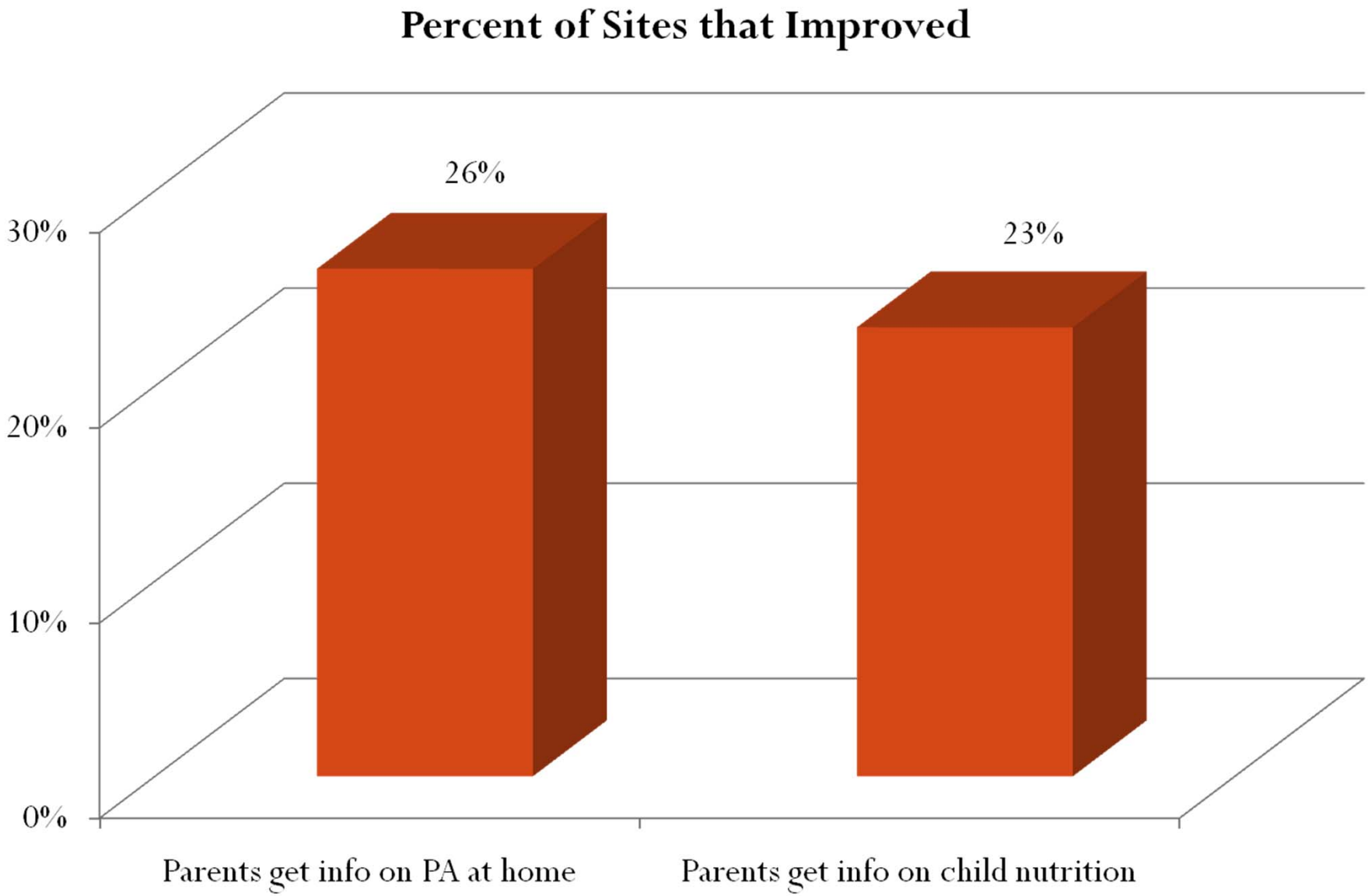
- Milk served to children ages 2 yrs and up is lower fat



Significant Improvement – Active Play Practices



Significant Improvement - Staff & Parent training



Summary

- Practices with greatest improvement tended to be less widely practiced before the intervention
- Improvement in practices in all 4 domains, especially those involving parents

Practical Applications In Child Care Settings

SAQ for staff training	→	Defines staff behaviors
Policy development for parent handbook and orientation	→	Informs parents, explains practices, marketing tool
Implemented nutrition and physical activity policy	→	Provides continuity and consistency in using best practices

Policy IMPLEMENTATION

Feeding practices	→ How is family style service introduced?
Foods served	→ Frequency of fruits and vegetables, low fat milk?
Physical activity	→ Frequency of structured activities?
Staff and parent training	→ What are the biggest challenges?

I want to grow up
HEALTHY, so please
help me choose what
to DRINK.
Understand that healthy drinks include water, 1% or nonfat milk for children over 2 years old
Offer me water throughout each day
Remind me that my body needs the good things in milk to build strong bones and teeth
Remember to set a good example by also choosing healthy drinks for yourself
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I want to grow up
HEALTHY, so please
serve me more
WHOLE GRAINS.
Offer me whole grains at meals and snacks
Understand that my body needs the good things found in whole grains
Teach me to look for a whole grain as the first item listed on packaged foods
Serve me fewer processed or refined grains
Remember to set a good example for me by also eating whole grains
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I want to grow up
HEALTHY, so please
serve me more FRUIT
and VEGETABLES.
Help me discover many kinds of fruit and vegetables that I will learn to enjoy
Offer me colorful fruit and vegetables at meals and snacks
Know that my body needs the good things in vegetables and fruit
Remember to set a good example by eating a variety of fruit and vegetables
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I Want to Grow Up Healthy, So Please...

Don't use foods to reward, bribe, punish or comfort me.

Be patient, because it may take ten or more times before I will eat something new.

I learn new skills like pouring, scooping and passing when given the opportunity to serve myself. I like to help.

Give me age appropriate finger foods for practice. Protect me from choking.

Remember, I know how much to eat, but I need help in choosing foods that will help me learn and grow.

- Everyone who cares for children has an important role in promoting their nutritional health.
- Being a good role model is the best teacher because children learn from us as we talk and eat together.
- These early years are an opportunity to develop healthy habits for a lifetime.

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Contra Costa Child Care Council
www.cocoladda.org

convert files to PDF.

I want to grow up **HEALTHY** and **ACTIVE**, so please…

Dress me in clothes and shoes that allow for easy movement and active play.

Encourage me to be physically active by being active with me, so we can play and have fun together.

Remember that it is fun for me to be active in any weather.

Plan at least a total of 60 minutes each day for me to be physically active inside and outdoors.

Help me learn to limit my screen time so I can be active now and when I grow up.

Don't limit my playtime to punish me. Sometimes I am restless and need to get the wiggles out.

Plan time each day for me to run, climb, dance, jump and enjoy being physically active.

Be patient and help me when I am learning a new skill like skipping, riding a bike or catching a ball.

Understand that being physically active will make me stronger and help me learn.

Be sure that activities, equipment and play areas are safe for me.

- Everyone who cares for children has an important role in helping them become confident and competent in participating in physical activity.
- Being a good role model is the best teacher, because children learn from us as we are physically active together.
- These early years are an opportunity to develop healthy habits for a lifetime, and physical activity is important to overall health and in maintaining a healthy weight.

— http://www.aahperd.org/naspe/standards/nationalGuidelines/ActiveStart.cfm

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CHAMPIONS for CHANGE

SUSTAINABILITY

Written policy is expressed as a natural practice and “feels” right

Policy or framework is a living document that can be changed as needed

Parent orientation and staff education is an opportunity to utilize written policy

Eric is learning to be a healthy eater.

Policy facilitates communication between childcare providers and parents.

Collaboration between LHDs and child care organizations is the roadmap to successful obesity prevention strategies in childcare settings.

For More Information:

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This material was produced, in part, by the California Department of Public Health's *Network for a Healthy California* with funding from USDA SNAP-Ed, known in California as CalFresh. These institutions are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious food for better health. For CalFresh information, call 1-877-847-3663. For important nutrition information, visit www.CaChampionsForChange.net.

Saving all questions till the end.

Please continue to submit questions through chat, we will address all questions at the end of the webinar.

Implementing Nutrition and Physical Activity Policies and Practice Change in the Family Child Care Environment

Doris Fredericks, MEd, RD, FADA

March 21, 2013

Overview of project

Creating a healthier environment for those living in Santa Clara County

- Collaboration of public-private partnerships advancing organizational wellness
- The development of healthier food/beverage policies and activity
- Change both nutrition and physical activity behaviors

Community Focus

- Home childcare settings
- Participating in the CACFP

Santa Clara County PUBLIC HEALTH

Communities Putting Prevention to Work

Made possible with funding from the Centers for Disease Control and Prevention

Project Purpose

Information and support by familiar adults

Extend CACFP Influence and Benefits

- **Assessment of Childcare Best Practices using a Self Administered Questionnaire (SAQ)**
  - **SAQ developed by the Contra Costa Child Care Council based on the Best Practices for Child Care Nutrition & Physical Activity Environments**
- **Policy Development guided by the assessment**
- **Policy Implementation though environmental change**
  - **Monitoring/Support**
  - **Resources/technical assistance/training**
- **Follow up assessment/review**

Target audience

Community Focus:

- Home childcare settings
- CACFP participants
- 300 family child care homes
- Approximately 2700 children

  ages 0-12
- 80% qualify for Tier 1 CACFP (F/R) reimbursement
- 44% Hispanic

Key CACFP partnerships

- Collaborate with CACFP Sponsors for impact - 4 C's
  - Contra Costa: Childcare Centers – SAQ and CHOICE manual
  - CFC: Childcare Homes

Contra Costa Child Care Council

Community Child Care Council of Santa Clara County, Inc.

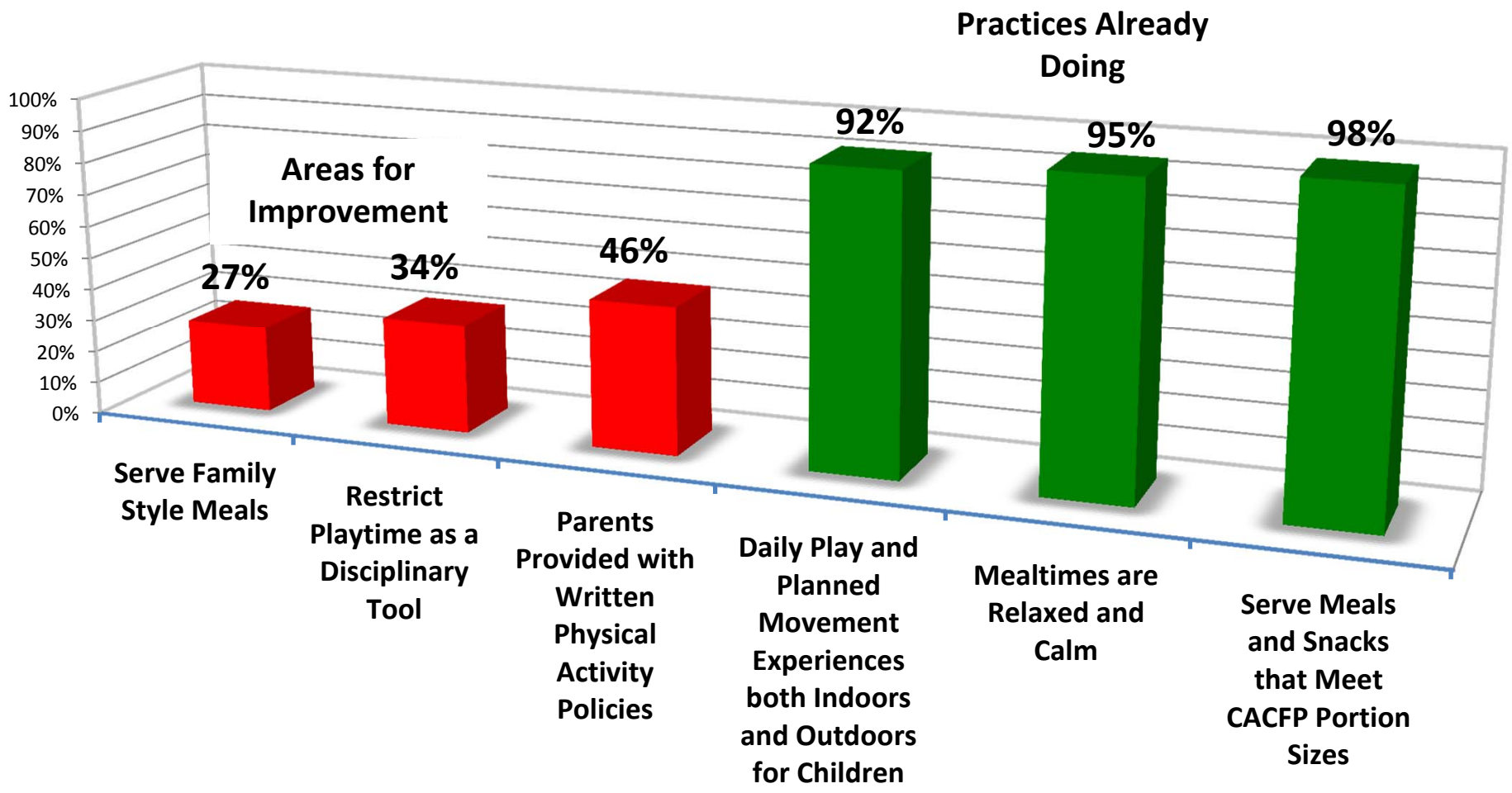
Nutrition education activities

Policy Implementation/Support

CACFP Nutritionist/Monitor:

- Review:
  - Policies currently in practice
  - Policies in progress
- Identify and deliver resources for policy implementation
- Strategize solutions
- Arrange Training opportunities for providers
- Provide nutrition and physical activity education materials for providers to give to parents

Results of Child Care Homes SAQ



Nutrition education activities

Resources and materials for providers and parents

- Physical Activity workshops
- Cooking Matters

SJSU Students, Interns

- "Rethink your Drink" workshop for providers

Bay Area Nutrition and Physical Activity Collaborative (BANPAC)

- Potter the Otter books

First 5/ Kaiser/Public Health

Caregiver: Learner-centered messages in the *5 Keys to Raising a Healthy Happy Eater class*

5Keys to the Division of Responsibility

Parents take leadership over:

KEY 1 What is served

KEY 2 When eating is allowed

KEY 3 Where eating is allowed

Children have autonomy over:

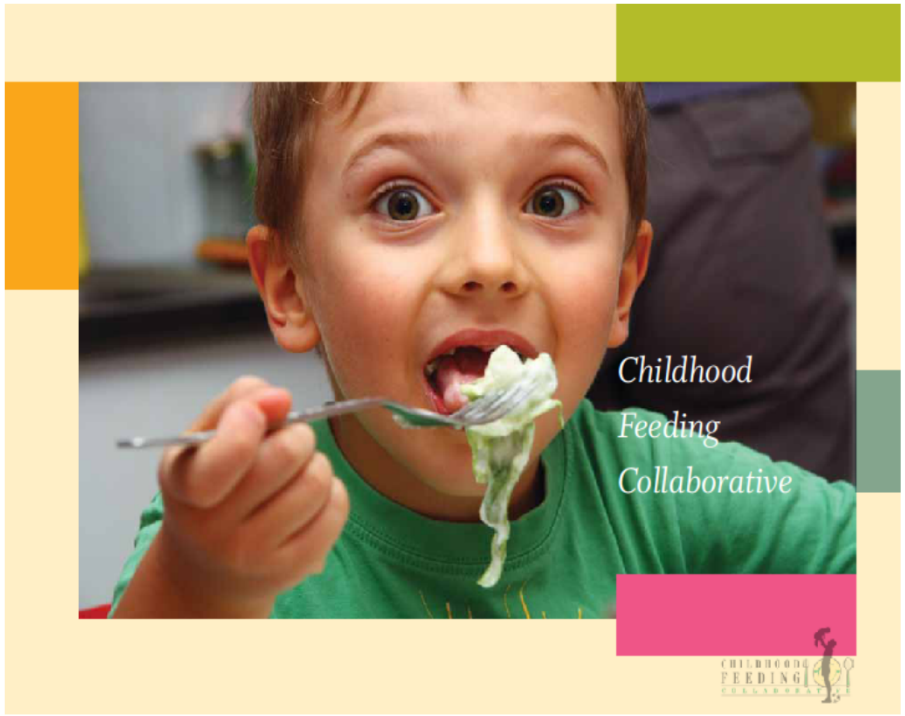
KEY 4 How much to eat

KEY 5 Whether or not to eat

CHILDHOOD FEEDING COLLABORATIVE

Support to Improve Child Care Feeding Environments

- Offer classes in 3 languages to providers and parents
- Train CACFP Monitors to support DOR best practice
- Provider implements CACFP best practice feeding environment
- Provider role models for Parents



Policy/environmental change

Gabriela's Family Daycare

Our Policies for Nutrition & Physical Activity

As a commitment to your child's health
We follow these guidelines:

1. 1% or fat free milk is served to children who are 2 years and older, and whole milk is served to 1 year olds.

2. Water is freely available both indoors and outdoors.

3. We engage in 60 or more minutes of structured physical activity per day.
   - Yoga, walk's to park
   - 1.5-2 hours of physical activity per day including 30 minutes of structured physical activity

4. Menus are posted so that parents will have daily information about their children's nutrition.

5. Children serve themselves during meals and snacks with adult supervision. Foods are served in a manner that allows children to select amounts and varieties of foods they will eat with minimal assistance. Furniture, utensils and dishes are child-sized.

6. Activities, equipment and outside play areas are developmentally appropriate and safe.

Provider Name:_____

Provider Signature:_____ Date:_____

Project outcomes

Follow up Assessment/Review

Completion of the project by 278 family child care providers serving 2870 children

Child Care Homes Follow up Assessment in July 2012

- Policy statements developed by all providers
- Children had water to consume throughout the day
- Children's consumption of 1% or non-fat milk increased
- Parents received written physical activity policies upon enrollment
- Children increased structured physical activity to 1 hr/day

Lessons learned for future work

- ✓ **CACFP provides an excellent venue for change**
- ✓ Improvements can be made In Nutrition/Physical activity environments
- ✓ **Child care needs more one on one support**
- ✓ 1 year is too short for support that is needed
- ✓ **National/State policy is an effective method for change**

Recommendations for work between Public Health and Child Care

- Inform, educate and empower child care facilities about effective changes to promote child health and obesity prevention into child care

- Identify opportunities to strengthen child care food and physical activity environments

- Leverage additional resources (money and materials) to support obesity prevention work in child care

- Develop individuals and organizations to provide technical assistance to enhance access to healthy food and physical activity in child care settings

Relevant web based and other resources

1. Larson N, Ward DS, Neelon SB, Story M. What role can child-care settings play in obesity prevention? A review of the evidence and call for research efforts. *J Acad Nutr Diet*. 2011;111(9):1343-1362.
2. Strategic Assessment of the Child Care Nutrition Environment Advisory Group, California Department of Education, and California Health and Human Services Agency. Keeping children healthy in California's child care environments: recommendations to improve nutrition and increase physical activity, executive summary. California Department Education Web Site. http://www.cde.ca.gov/ls/nu/he/documents/keepchildhealexecsumm.pdf . Accessed January 8, 2013.
3. Child Care & Obesity Prevention, University of Wahsington, Center for Public Health Nutrition. http://depts.washington.edu/uwcphn/work/cfs/childcare.shtml Accessed, February 12, 2013.
4. Erinosho TO,Hales DP, McWilliams CP, Emunah J, Ward DS. Nutrition policies at child-care centers and impact on role modeling of healthy eating behaviors of caregivers. *J Acad Nutr Diet*. 2012;112(1):119-124.
5. Nahikian-Nelms M. Influential factors of caregiver behavior at mealtime: A study of 24 child-care programs. *J Am Diet Assoc*. 1997; 97:505-509.

Resources continued

6. USDA Food and Nutrition, Child and Adult Care Food Program. http://www.fns.usda.gov/cnd/care/, Accessed, February 12, 2012.

7. Monsivais P, Kirkpatrick S, Johnson DB. More nutritious food is served in child-care homes receiving higher federal food subsidies. *J Am Diet Assoc*. 2011;111(5):821-726.

8. Santa Clara County Public Health; Program Resources, Center for Chronic Disease and Injury Prevention Be Sugar Savvy Initiative, http://www.sccgov.org/sites/sccphd/en-us/Partners/cdip/Pages/Be-Sugar-Savvy-Initiative.aspx. , Accessed February 12, 2013.

9. Santa Clara County Public Health; Program Resources, Center for Chronic Disease and Injury Prevention. Childhood Feeding Collaborative. http://www.sccgov.org/sites/sccphd/en-us/Partners/cdip/Pages/Childhood-Feeding-Collaborative.aspx. Accessed February 12, 2013.

10. Share Our Strength, Cooking Matters. http://cookingmatters.org/?gclid=CMjTtd_HmLUCFe5xQgodW0kALQ. Accessed February 12, 2013/

11. First 5 Santa Clara County. Early childhood obesity prevention: Strategic plan 2008-2013. First 5 kids Web site. http://samuelsandassociates.com/samuels/upload/obesity/5ECOP.pdf. Accessed January 4, 2013.

12. California Department of Public Health's Network for a Healthy California. Best practices for child care nutrition and physical activity environments: A guide for self-assessment and policy development. Available at: http://www.healthybeveragesinchildcare.org/bestpractices/BestPracticesHandbook.pdf Accessed January 4, 2013.

Written policies have great potential for preventing chronic diseases later in life by ensuring that children learn and practice good nutrition and physical activity habits (Story, 2008)

Saving all questions till the end.

Please continue to submit questions through chat, we will address all questions at the end of the webinar.

Starting Work on Objective 16

Presented by:

Dawn Robinson

County of Orange Health Care Agency

March 21, 2013

Activities 1 & 2
Getting Started

1) Network trainings

- CHOICE - Regional Network training 7/12
- Children's Home Society (CHS)

2) Coordinating with partners

- **CNAP**: Network, 4 WIC agencies, Head Start and CHS
- **CNAP Subgroup**: Children & Families Commission, child care agencies, OCDE

Activity 3
Sites & Self-Assessment

- **Identifying sites**
  - Licensed day cares – various sizes
  - Head Start – school delegate sites, Parent Policy Workgroup
  - Head Start – other sites
  - CX^3 areas

- **Conducting self-assessments**
  - Group setting
  - One-on-one setting

Activity 4
Nutrition Ed & Training

a & b: Training sites on self-assessment and policy development – *CHOICE manual sufficient*

c to e: Nutrition ed for staff & parents - *Core nutrition lessons & food demos, build on HCA-Network & WIC*

f: Engagement – *Find small activities and mentor, link to Champion Mom efforts*

g: Evaluation - *Self-assessment, need form to gather site and process info*

Activities 5, 6 & 7

Implementing Site Changes

PENDING

Making changes will be easier and more meaningful if there is a strong foundation in nutrition education and an accurate self-assessment

5) Improvements to sites

- Working with staff and parents

6) Track and Collect Data

- Process data
- Procedural and Policy, Systems & Environmental (PSE) change

7) Technical Assistance

- **COCO**: Experience in how to address topics
- **Staff training**: Areas where additional info is needed

Activities 8 & 9
Linking with Medical Providers

- **Identify providers through CHDP**
- **Nutrition education activities**
  - Gather baseline information
  - Improvements to waiting and exam rooms
  - Staff trainings
  - Connect with other Network efforts
    - CX^3
    - Retail
    - Opportunities for engagement

Core Topics for Nutrition Ed

- **Label Reading**
  - Practical skill, interactive, apply nutrition ed
- **MyPlate**
  - Posters, 10 tip sheets, Rethink Your Drink
- **Feeding Children Birth to 5 years**
  - Feeding roles, WIC materials
- **Food Assistance**
  - “How to Get Food Help in OC” - CNAP

Sample Materials

How to Conduct a Food Demo with Kids

Session Overview
Participants will learn proper hand washing techniques and kitchen safety information. An educator will provide an overview of tips for a successful food demonstration and sample activities to conduct with youth. Staff will participate in two food demonstrations to practice their cooking skills and learn how to keep youth engaged.

Target Audience: Staff

What's on a Label?

Session Overview
In this session, participants will learn how to read food labels and use this information to select healthier foods. An educator will provide an overview of the information and nutrient listings found on food labels. Class participants will practice label reading
The group will discuss what

Feeding Children Birth to 5 Years: Building Good Eating Habits

Session Overview
Participants will learn how establishing feeding roles for parents/caregivers and children improves mealtimes. The educator will review appropriate foods and portion sizes for infants and young children as well as the management of challenging eating behaviors. Participants will perform a skit that illustrates the trials of feeding time and identify correct portion sizes using food models. The group will work together using handouts to determine possible solutions to feeding challenges.

Target Audience: Parents or caregivers of young children

Group Size: 5 to 30 participants

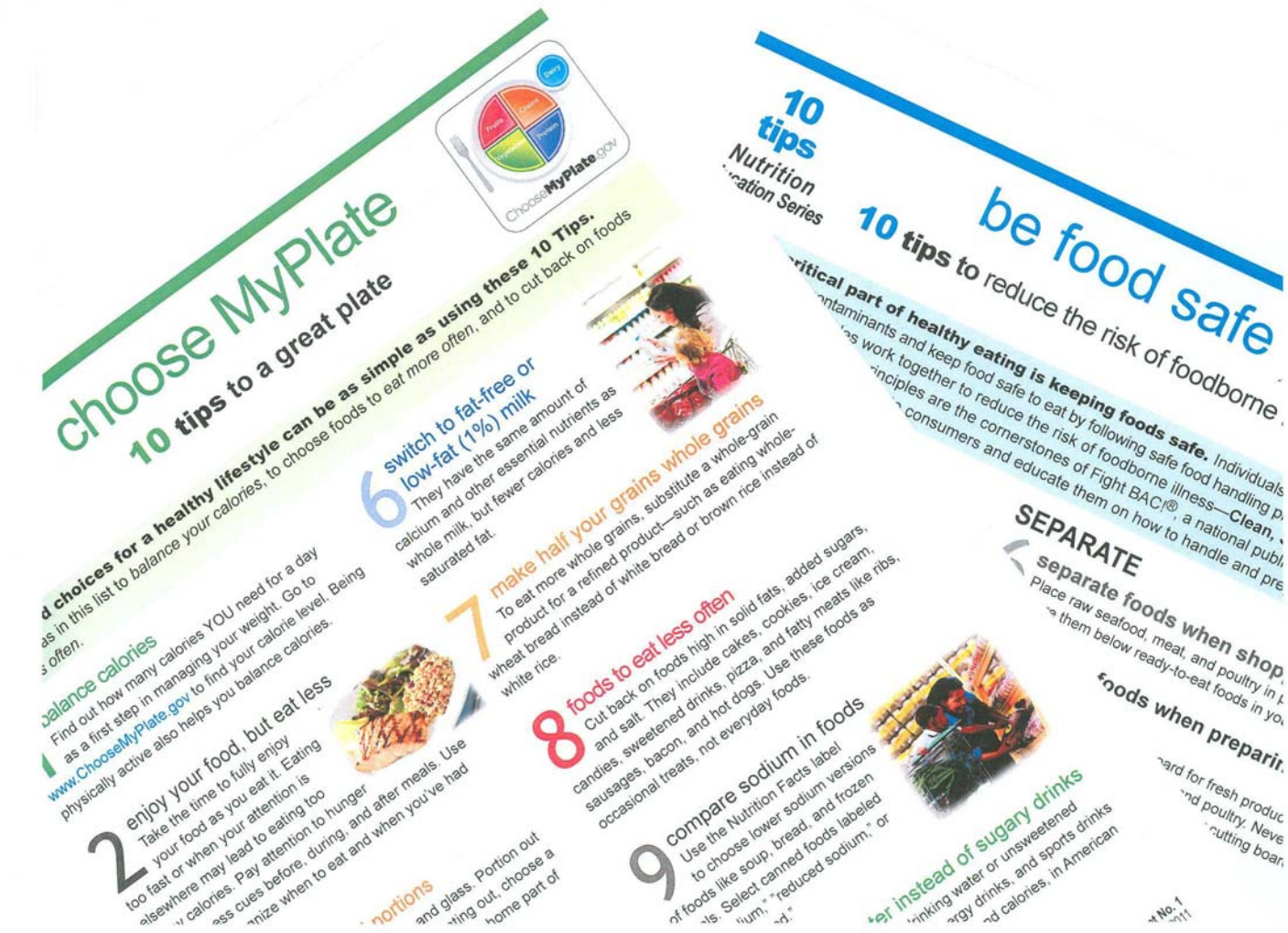
Class Time: 60 minutes

Behavioral Objectives:
After the session participants will be able to:

1. List the 3 main roles of the parent/caregiver and the 3 main roles of the child during mealtime.
2. Describe foods and portion sizes appropriate for infants and children up to age 5 years.
3. Name 2 ways to manage challenging eating behaviors.

Key Message:
Parents and caregivers need to provide children with good nutrition to support their growth and positive guidance to develop healthy eating habits.

Sample Materials



Sample Materials

Sample Materials

DRAFT 2-7-13

How to Get Food Help in Orange County

County Nutrition Action Plan (CNAP) - 2013

Sample Materials

Before working with HCA *Network for a Healthy California*

	Fully in place	Partly in place	Not in place	Comments
1. Does your waiting room have magazines, posters, newsletters, Parks & Rec catalogs and other items that promote healthy eating and physical activity?				
2. Do you routinely provide your patients with pamphlets or handouts on healthy eating and physical activity?				
3. Do you provide nutrition recommendations on healthier food options, portion sizes and parenting skills related to feeding young children?				
4. Do you help your patients find ways to be physically active?				
5. Do you help your patients set goals to improve their eating habits and sedentary behavior?				
6. Do you refer your patients who have limited resources to food assistance programs such as CalFresh, School Meals and WIC?				
7. Do you have staff trainings on nutrition topics?				
8. Do your staff members model healthy eating and physical activity behaviors?				
9. Are you involved with any community projects that focus on health and nutrition issues, such as Back to School events, newsletter articles, etc.				

Please complete and fax to:

(714) 834-8028

Next 6 months & Beyond

- Continue to learn from experience
- Expand work with agency partners
- Work with established EC providers
- Work with independent EC providers in target areas who need more support & mentoring
- Continue work with medical providers

Question Time