



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

Virginia Case Study

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

## National ECELC

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

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

As of September 2018, eight states (Alabama, Arizona, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey) and four communities (North/Central Florida, South Florida, Los Angeles County California, Contra Costa County California) have participated in the National ECELC. The intervention<sup>1</sup> typically consists of five in-person learning sessions spread over a 10-month period, ongoing technical assistance for participating ECE providers, and access to tools, materials and resources.

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

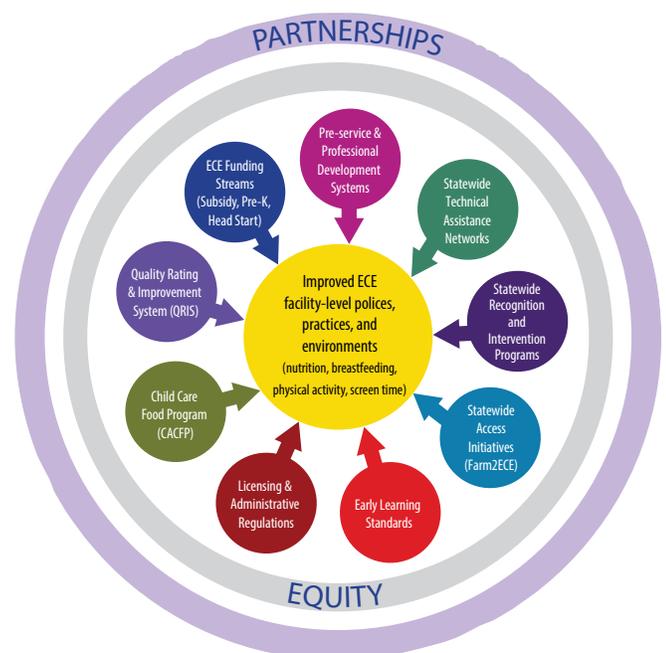
Source: Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. JAMA. 2014;311(8):806-814.

## Integrating Obesity Prevention into ECE Systems Using CDC’s Framework

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

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

Figure 1: CDC Spectrum of Opportunities (2.0)



## Development and Purpose of State Case Studies

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

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

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

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

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

## Summary of Obesity Prevention Integration Activities Across States and Communities

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

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

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

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

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

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

**Quality Rating and Improvement Systems (QRIS).** Six partners in Indiana, Kansas, Los Angeles, CA, New Jersey, South Florida, and Virginia focused on QRIS as a primary integration strategy. Partners in these states have *engaged with stakeholders—public and private—to leverage the reach and potential of QRIS to weave HEPA topics into broader quality improvement strategies*. Five of the six partners that focused on QRIS did so from the perspective of *integrating HEPA standards into QRIS, either through the launch of a new QRIS or revisions to an existing QRIS*. In New Jersey, the partner successfully included a *HEPA-focused self-assessment (Let's Move! Child Care) in the state's QRIS*. In three of these states, South Florida, Kansas, and New Jersey—as well as Virginia<sup>3</sup>—the partner made efforts to *train QRIS technical assistants* to enhance their ability to assist ECE programs in their efforts to achieve HEPA best practice standards. Additionally, Virginia co-created an on-line QRIS module that explicitly *linked HEPA best practices to Virginia's Early Learning Standards and QRIS system*.

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

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

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

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

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

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

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

## Exploring Challenges and Lessons Learned

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

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

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

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

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

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

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

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

## Reflections and Recommendations

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

### Recommendation 1:

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

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

### Recommendation 2:

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

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

### Recommendation 3:

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

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

### Recommendation 4:

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

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

### Recommendation 5:

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

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

## Looking Ahead—A Continued Focus on Integration

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

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

## National ECELC

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

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

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

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

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

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

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

## CDC Spectrum of Opportunities

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

## National Efforts and Factors for Integration

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

**Child and Adult Care Food Program (CACFP)**<sup>7</sup> – CACFP is a federal program that provides funding reimbursement for meals and snacks served to low-income children in ECE settings. Participating ECE programs follow CACFP standards regarding meal patterns and portions. Many states provide training or technical assistance to ECE providers related to CACFP, and some use CACFP as a guide for licensing regulations, QRIS standards, or other state-based programs. In early 2016 CACFP standards were revised, providing an opportunity and increased need for training and supports from states to ECE providers on implementation of nutrition best practices.

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

**State Public Health Actions – 1305**<sup>9</sup>: CDC supports efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. Through a federal grant (1305), all 50 states and the District of Columbia receive funds to help prevent these chronic diseases. 1305 focuses on healthy environments in workplaces, schools, early childhood education facilities, and in the community. This program also focuses on working through health systems and communities to reduce complications from multiple chronic diseases such as diabetes, heart disease, and stroke. The goal is to make healthy living easier for all Americans. Recently, CDC added a new 1305 requirement for states around physical activity in ECE settings. Since all states receive 1305 funding (basic and/or enhanced) and are required to set goals and performance measures, the new requirement forced state health departments to develop strategies for ECE providers.

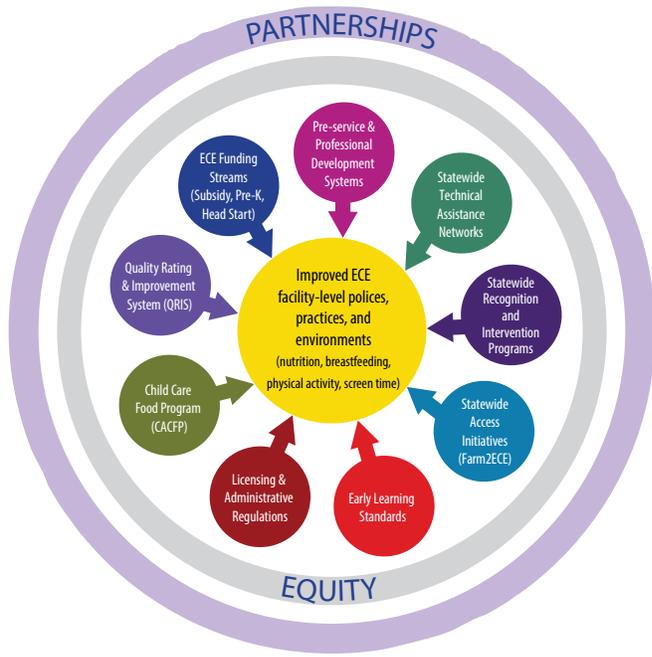


Figure 2: CDC Spectrum of Opportunities (2.0)

# Virginia

## Implementing Partner: Virginia Early Childhood Foundation

### CDC Spectrum of Opportunity Case Study

Participation in National ECELC: 2014-2018

ECE programs trained<sup>10</sup>: 257

Children served by trained programs: 15,237

Spectrum of Opportunities areas of focus:

- **Technical Assistance** – Leveraged partnerships and funding to implement multiple technical assistance strategies to support ECE providers with tools, materials, and resources to integrate HEPA into their program.
- **Child and Adult Care Food Program (CACFP)** – Held a CACFP Summit and convened partners for ongoing work to improve the quality of nutrition for more communities with low-income children and families.
- **Pre-Service and Professional Development** – Provided training and materials on HEPA topics to professional development providers working with ECE providers. Enhanced capacity and infrastructure of CCR&R to support health priorities. Working with the state community college system to include obesity prevention priorities in Early Childhood Education and Development certificate and Associate Degree coursework.

## Setting the Stage

In 2013 Nemours Children’s Health System and CDC identified Virginia as a state lacking substantive work on childhood obesity prevention in early care and education settings. Nemours issued a Request for Proposals to Virginia organizations interested in ECELC and in 2014 selected a joint application from the Virginia Department of Social Services (VDSS), Virginia Department of Health (VDH), Child Care Aware of Virginia (CCAVA), the Virginia Foundation for Healthy Youth and the Virginia Early Childhood Foundation (VECF). VECF was selected as the programmatic and fiscal lead. The addition of Virginia to the ECELC coincided with the addition of Kentucky and California as states receiving funding and intensive support to implement the ECELC model and integrate childhood obesity prevention into state ECE and child health systems.

VECF was in a unique position to lead the implementation of ECELC with its partners. VECF, a non-profit public-private partnership founded in 2005, is the statewide entity entrusted with accountability, outcomes and leadership in holistic early childhood systems building. Through its “Smart Beginnings” initiatives, VECF builds the capacity of local communities to integrate programs and policies that address comprehensive needs and opportunities across family support, health, and early learning for young children in Virginia. Since 2005, the Foundation has fostered nearly 30 locally-driven initiatives across the state, providing substantive leadership and facilitating innovative initiatives to ensure its mission that Virginia’s children enter kindergarten healthy and ready to learn.

In preparation for implementing ECELC, VECF convened an Advisory Board with members of the key state agencies that provide professional development to ECE providers in Virginia – VDSS, VDH, CCA-VA, Virginia Quality (Virginia’s Quality Rating and Improvement System), and Infant and Toddler Specialist Network (ITSN) as well as the Virginia Foundation for Healthy Youth. These entities and initiatives were interested in integrating obesity prevention best practices in ECE environments and committed to cross-training professional development providers in the Healthy Kids, Healthy Future (formerly known as *Let’s Move! Child Care*) best practices. This group, now expanded with representation from Virginia’s Department of Health 1305 team and the Virginia Head Start Association, informs Virginia’s implementation of the ECELC and systems-level obesity prevention opportunities.

At the time ECELC was launched in Virginia, statewide support for childhood obesity prevention in ECE was limited. However, described below are the initiatives that were in place around childhood obesity prevention and ECE program improvement.

### State Efforts Addressing Childhood Obesity

At the time Nemours funded VECF, Virginia Foundation for Healthy Youth (VFHY) and their Healthy Communities Action Teams (HCAT) did much of the state’s childhood obesity work, although these efforts focused primarily on school age and community approaches. Rev Your Bev, an annual “Day of Action” was promoted across the state to encourage water consumption in place of sugar-sweetened beverages. HCAT grants funded community organizations to implement promising practices in childhood obesity prevention suggested by the National Institute of Medicine (IOM) and the CDC. VFHY awarded more than \$1.2 million in HCAT grants during FY 2013 and 2014 to establish and/or support 18 community coalitions across Virginia to fight childhood obesity on the local level.

#### Did you know?

**20% of 2-4 year-old WIC participants in Virginia are obese. This is more than any other state.**

Source: Trust for America’s Health and Robert Wood Johnson Foundation. The State of Obesity 2016. Washington, D.C.: 2016

HCATs served as coordinators and conveners for local activities and building momentum around increasing access to healthy foods, promoting physical activity, and preventing childhood obesity. VFHY’s HCAT grantees implemented a variety of strategies for childhood obesity prevention, such as working with or establishing farmers’ markets to increase community access to fresh produce; increasing physical activity in children enrolled in after-school programs; creating and maintaining community gardens; increasing breastfeeding; and increasing awareness of good nutrition habits. Most of these efforts were not targeted at ECE environments, however they did impact many communities and school systems.

In 2013 the Virginia Alliance of YMCAs was awarded a Pioneering Healthier Communities grant from the Robert Wood Johnson Foundation and the YMCA of the USA. The grant brought together public health, education, business, and policy leaders to focus on policy, systems, and environmental changes to reduce the rate of childhood obesity in Virginia. The grant, now concluded, supported HEPA work in the ECE facilities operated by eight YMCAs across the state with training and information on HEPA standards. The grant also supported work around:

1. Increasing physical activity and nutrition components in early childhood and out-of-school time settings.
2. Increasing the number of youth participating in 150 minutes of physical activity per week.
3. Advocating for shared-use agreements with schools and community facilities to increase the number of spaces community members can access for physical activity.
4. Supporting the implementation of competitive food guidelines and policies to improve the nutritional intake of all youth.
5. Creating greater partnerships to address childhood obesity in Virginia.

The Infant and Toddler Specialist Network had also done some work related to obesity prevention. Through eight regional offices and infant and toddler specialists located throughout the state, services were offered to ECE providers caring for children from birth – 36 months.

Finally, Virginia Quality at the time provided primarily basic licensing-required HEPA support in ECE. Mentors received a copy of the American Academy of Pediatrics *Caring for Our Children National Health & Safety Performance Standards* for ECE programs, and many had participated in Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) or I Am Moving I Am Learning curriculum training. Virginia Quality specialists worked on-site with ECE programs that choose to participate in the QRIS, and they were available to support programs with HEPA topics.

### **State Efforts to Improve Early Care and Education**

Across Virginia, close to 70% of children from birth to age five have “all available parents working” and therefore are likely enrolled in ECE programs (child care—centers and homes, Head Start, Early Head Start, preschool). As such, Virginia has directed funding at a variety of ECE program improvement efforts.

Virginia Quality, co-administered by VECF and VDSS, is a voluntary system designed with two primary purposes:

- Helping families identify high quality child care options for their young children; and
- Assisting child care and preschool programs, regardless of their setting, with efforts to provide high quality early care and education.

### **TIMELINE**

#### **1999**

- Virginia Foundation for a Healthy Youth established by the Virginia General Assembly to empower Virginia’s Youth to make healthy choices.

#### **2013**

- Virginia Association of YMCAs awarded a Pioneering Healthy Communities grant from the YMCA of the USA.

#### **2014**

- Nemours funds a partnership led by Virginia Early Childhood Foundation to support ECE practice level and systems changes to prevent childhood obesity.
- ECELC Stakeholder meeting held to discuss integration opportunities.
- Cohort 1 launched.

#### **2015**

- VECF received a grant from Bon Secours Health Systems to pilot an adapted ECELC project with family child care providers in Richmond’s East End.

#### **2016**

- With 1305 funding, Virginia pilot tested online Go NAP SACC to support nutrition and physical-activity based improvement plans with ECE programs.
- CACFP State Summit convenes child health and quality early care advocates and stakeholders to expand early care participation in CACFP, through cross-sector collaboration and new eligibility processes.

#### **2017**

- Virginia 1305 partnership launches on-line Go NAP SACC platform through state CCR&R and other professional development service systems to support program-level health improvements statewide.

#### **2018**

- Virginia’s CCR&R builds and shares with other state quality service systems targeted Shared Services web resources to support training and TA for program-level HEPA practices
- Virginia Quality creates and requires completion of a HEPA focused training module for QRIS coordinators and trainers.

As of 2018, 1,127 child care and preschool programs participate, representing 25% of those eligible, receiving support (on-site coaching and training) and incentives (learning materials and scholarships for continuing education) to continually improve the quality of the early learning opportunities they provide to 47,025 children in Virginia. Local early childhood coalitions or organizations work with the state administrative hub to recruit programs and coordinate activities locally.

VECF supports collaborations known as Smart Beginnings, which connect and maximize the efforts of varied early childhood stakeholders within localities. The goal is to galvanize communities to positively impact the development of children. Through VDSS, the Child Care & Development Block grant funds many ECE program improvement efforts including professional development via regional training, a statewide Infant and Toddler Specialist Network, and support for social emotional development in ECE settings.

Child Care Aware of Virginia, the state’s child care resource and referral agency, delivers early care program training and technical assistance statewide, utilizing 5 regional offices for service delivery. In addition to supporting safe, high quality early care, Child Care Aware of Virginia maintains the state’s data base of registered early care providers and professional development records for care providers.

The Virginia Infant Toddler Specialist Network currently has 18 specialists who work across the state to improve the quality of care provided to infants and toddlers. The specialists provide intensive, on-site services to both child care centers and family child care homes which include mentoring and support using quality improvement plans. They also offer trainings to infant and toddler providers on topics such as group care, health and safety, and inclusion. Additionally, there are five infant and toddler mental health consultants who support excellence in early care through promotion, prevention, and interventions strategies designed to foster social emotional development and help prevent challenging behaviors.

## Establishing a Path to Success—A Plan for Integration

VECF was funded to implement ECELC in the second round of states and was therefore focused on integration from the beginning. VECF identified integration opportunities in their application for funding and the Advisory Board was engaged in discussions of opportunities from their first meeting. Nemours staff visited the Advisory Board in fall 2015 and provided an overview of the Spectrum of Opportunities and helped to identify areas where members could provide support and leadership.

VECF’s well-established relationships with the ECE systems facilitated a high profile for ECELC which in turn spurred interest in obesity prevention despite limited funds and competing priorities. These relationships also paved the way for the ECELC Project Coordinator to serve, and share ECELC information and resources on relevant child health and quality care committees.<sup>11</sup> VECF’s Smart Beginnings Initiatives have provided community support to the ECELC local projects, convening stakeholders and supporting broad outreach to recruit ECE participants.

While VECF and the Advisory Board identified opportunities across all areas of the CDC Spectrum of Opportunities, Virginia efforts have focused on three main areas:

1. Incorporating HEPA into a variety of **technical assistance** support provided to ECE providers;
2. Broadening the reach of **CACFP** to providers serving low income children at risk for obesity; and
3. Promoting HEPA topics in professional development offerings for ECE providers, and integrating best practice nutrition and physical activity standards for community colleges statewide to use in both a one-year certificate and a two-year Associate Degree program.



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

## TECHNICAL ASSISTANCE

In 2014, VFHY created materials and messages for their “**Rev Your Bev**” campaign to engage children 0-5, and launched these through ECELC. This was the first time children 0-5 were included in the campaign. Through VFHY’s partnership, 70 events were held in ECE settings in central and southeast Virginia. VFHY provided resources for ECE programs to promote healthy beverages with children and families. Based on this success, VFHY continued to engage ECE in the annual campaign which has provided resources for ECE providers promoting healthy beverages water.

In 2015, the Virginia Department of Health (VDH) applied to CDC to become a pilot state for an **online Go NAP SACC self-assessment**, action planning and technical assistance tool. VDH proposed to work with Advisory Board partner CCA-VA to facilitate broad statewide ECE provider involvement. CCA-VA staff facilitated training of 17 CCA-VA consultants from five regions in online Go NAP SACC. These consultants subsequently recruited more than 100 ECE programs to self-assess, plan for HEPA improvements, track program-level progress, and access resources. A four-hour HEPA group training (“Think Outside the Juice Box”), adapted from ECELC training outlines, was delivered by CCA-VA local staff. In addition to access and support from the online tool and this group training, programs received email, phone and in-person technical assistance, and classroom equipment kits to support nutrition and physical activity improvements, using VDH’s 1305 funds. This activity extended the reach of HEPA support to ECE providers not participating in the ECELC.

In 2016, the online Go NAP SACC tool was piloted in Virginia to engage more technical assistance providers in site prevention. VECF and VDH 1305 coordinator hosted a webinar with Virginia ECE and child health systems (Smart Beginnings, Virginia Quality, Head Start, Cooperative Extensions, local child care directors’ networks and/or associations, Infant and Toddler Specialist Network, etc.) to explore how various early care networks might use Go NAP SACC (GNS) to support nutrition and physical-activity based improvement plans within their service systems, engaging ECE providers with whom they already work. This project continues to be supported by Child Care Aware of Virginia with a range of partnerships and successes. Many of the ECE programs who independently pilot tested GNS expressed appreciation for the opportunity to use the resources to benefit their program and cultivate HEPA improvements independently, with no additional training or TA support services provided. Virginia’s 1305 GNS project overall continues to show very high engagement of ECE’s statewide, most of which can be attributed to the VDH-CCAVA partnership and continued support of GNS. The Systems’ Partner aspect of the 1305 project (sharing GNS access + Kaplan provisions with ECE service providers) holds promise for bolstering health improvements by aligning with the priorities of these PD quality care delivery mechanisms, and helping achieve specific quality programmatic priorities (for example, Infant and Toddler Specialist Network are invested in promoting breastfeeding; Virginia Quality partners are invested in Family Style Dining Practices, etc.) for.

In 2017, VECF received Nemours funds funding to assess and improve the effectiveness of outreach and communication strategies with ECE providers, and expand participation the Rev Your Bev ECE healthy hydration campaign. A network expanding on Virginia’s ECELC Advisory Board, including staff from Child Care Aware of Virginia, Virginia Cooperative Extension, VDSS Division of Quality and Professional Development, Virginia Quality QRIS, Virginia Department of Health Obesity Prevention, Child Care Aware of Virginia, Virginia Foundation for Healthy Youth, Virginia Head Start Association, Virginia Oral Health Coalition, and Infant and Toddler Specialist Network, came together to plan the “Rev Your Bev” Day of Action.

An ECE specific healthy beverages resource guide was created for directors, including best beverages practices for infants, toddlers, and preschoolers, a water checklist to assess program alignment with recommended practices for promoting water-drinking in early care, sample healthy beverage policies, campaign materials for social media, and resources on healthy hydration. The guide was widely shared throughout the state. Participation in Rev Your Bev in 2018 tripled among ECE providers, exceeding all past participation.

Following this robust participation in Rev Your Bev, the ECELC PC, Virginia’s Head Start Health Advisory Committee (HAC) chair, and Virginia Head Start Association Director proposed that the HAC committee identify a shared health goal (such as adherence to healthy beverage practices) and work collectively to over the next year to cultivate best practice alignment specific to this goal in Head Start programs statewide. Thirteen Head Start programs established Action Plans for healthy beverages improvements, supported by Nemours’ provisions to purchase water service equipment, and plan to improve policy, system and environmental beverage practices through 2018-2019.

## CHILD CARE FOOD PROGRAM (CACFP)

In fall 2015, the ECELC Project Coordinator and VDH Director of Community Nutrition met to discuss how Virginia's ECELC, CACFP and WIC intersect, and how strengthening these connections might be advantageous to childhood obesity prevention across the state. Virginia's CACFP state agency has limited bandwidth to provide additional nutrition support and training beyond programmatic compliance and monitoring. ECE programs participating in the ECELC program often requested help developing acceptable menus that exceed CACFP nutrition guidelines, and partners discussed potential strategies to collectively address this need.

Subsequent to these conversations, VDH and a number of Advisory Council partners developed a USDA Team Nutrition grant proposal to expand the bandwidth of the state CACFP staff to provide nutrition-focused training and technical assistance. While the application wasn't funded, it spurred conversations between cross sector partners on how state agencies invested in child health and in quality child care could work more closely supporting nutrition and HEPA standards for ECE programs.

In June 2016, VECF and several state agency partners convened a CACFP State Summit to build momentum and cultivate cross-sector collaboration to more robustly support ECE enrollment in CACFP. The summit resulted in workgroups which developed recommendations to address state and local barriers to ECE provider enrollment in CACFP as a strategy to improve the quality of nutrition for children in communities with low income families and children.

State partners continue to work together to:

- Extend eligibility to non-licensed religious exempt centers and unregulated family child care providers who receive child care subsidy to enroll in CACFP and support them in the process;
- Compile a data portrait of CACFP regional and local utilization rates by ECE to identify areas of CACFP "unmet need," and to inform outreach and targeted CACFP enrollment activities;
- Execute cross-agency agreements to systematically promote CACFP to ECE providers; for example, including information about the value of CACFP and local CACFP contact information within all the early care divisions of social services that come into contact with ECE providers, such as QRIS, licensing, etc
- Collaborate across state agencies in a campaign to expand ECE participation in CACFP.

Between June 2016 and September 2018, partners advanced recommendations from the state CACFP Summit, such as CACFP eligibility for religious-exempt providers in good standing as CCDF subsidy vendors. VDSS has made progress increasing awareness of CACFP among ECE providers. The VDSS Licensing Division is adding information about CACFP into training for newly licensed child care programs. Virginia's CACFP team plans to provide webinar training to familiarize licensing staff with basic principles of CACFP. In addition, CCA-VA added CACFP support as one of the TA priorities stipulated in the 2018-2019 Scope of Services agreements disseminated to their five regional offices.

Many of Virginia's Smart Beginnings community partnerships have engaged local ECE networks in elevating child nutrition best practices as a feature of quality ECE, promoting CACFP as a key resource for providers and children, and supporting recruitment of new ECE providers into Virginia's CACFP. These local, on-the-ground partnerships are building grass-roots support for broader state-wide efforts to expand ECE CACFP and prioritize child nutrition. Smart Beginnings and other community partners are engaging local stakeholders to continue to advance a 2018-2019 CACFP and child nutrition push.

During the 2018 General Assembly session, VECF put forward a FY19-20 budget request for a new state general fund appropriation of \$250,000 per year to support CACFP expansion. This request was part of a comprehensive budget proposal championed by VECF that proposed creation of an integrated early childhood fund to pool and leverage existing, underutilized early childhood funds for maximum performance and efficiency. While this proposal was not funded, the FY19-20 final budget included language establishing a cross-agency workgroup charged with identifying strategies for developing an Integrated Early Childhood Fund at the state level. VECF will facilitate this workgroup which will include the Department of Education, Department of Health, Department of Social Services, and the Department of Planning and Budget.

In 2018, VECF partnered with child health and quality care stakeholders to co-determine content of a Virginia ECE HEPA survey to assess the degree of alignment at the program level with CFOC best practice targets. A survey link was sent to all early care providers in the state of Virginia and was closed with responses from 631 providers. Survey results were presented to VA's ECELC Advisory Council, and used to build support for cross-sector beverage improvement activity and CACFP outreach. Additionally, VECF is currently partnering with state child care quality and child health partners to use the HEPA data portrait to drive obesity prevention planning and nutrition support for ECEs, and the ECELC Advisory Council members continue to use the data report to develop recommendations to support obesity prevention in ECE.

## PRE-SERVICE AND PROFESSIONAL DEVELOPMENT

A variety of agencies and initiatives provide professional development to Virginia's ECE providers (Infant and Toddler Specialist Network, Child Care Aware of Virginia, Virginia's QRIS mentors/raters, Child Care Health Consultants, Head Start Health Coordinators).

ECELC's Advisory Board partnerships facilitated cross-program collaboration and leveraging of resources to support Obesity Prevention activities within these pre-service and professional development systems. In 2014, HEPA-specific supply kits (funded with CDC 1305 grant) successfully supported broad engagement of TA providers to incorporate HEPA strategies into service delivery. VECF and other Advisory Board partners conducted webinars, led presentations and trained CCA-VA mentors, Virginia Quality coordinators and mentors, Smart Beginnings coordinators, VDH child care health consultants, and Infant and Toddler specialists using the ECELC content. These service systems partners have worked to identify existing alignments in service goals (breastfeeding, infant and toddler movement and activity, responsive feeding, etc.) with childhood obesity prevention priorities. Specialists across systems were provided access to ECELC training content, and resources such as Action Plans and Toolkits were made available for use during on-site TA service delivery to early care programs.

In 2015, the statewide ITSN network leveraged their partnership in ECELC to focus the Celebrating Healthy Babies and Tots all-day institute (delivered in four regions of the state) on child health and physical activity with a frame of early obesity prevention. The Institute featured recommendations from Nemours' *Child Care Provider's Guide* and the *Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy*. Conference workshops were built around best practices in infant/toddler physical activity, and the National ECELC project coordinator served as keynote speaker. Statewide audio conferences and webinars for ECE providers also provided information on health and nutrition.

Utilizing the services of Dr. Dianne Craft, VECF, VDH and CCA-VA hosted a stakeholders meeting highlighting the value of assuring physical activity for children in early care, and co-planned a train-the-trainer session for Virginia's ECE technical assistance providers. In summer 2015, and 2017, VDH and CCA-VA hosted trainers and mentors from across Virginia's ECE technical assistance systems (see list above) for a 4-hour session, which included science-based rationales for a wide range of physical activities, and presentation of strategies to help ECE educators integrate age-appropriate and varied physical activity into early learning environments. Evaluations of this session were very positive. VDH plans to offer additional train-the-trainer sessions with Dr. Craft via webinar to reach professional development providers who were unable to travel to Richmond for this in-person training.

VECF is collaborating with faculty from the Early Childhood Education Peer Group of the Virginia Community College System (VCCS) to integrate obesity prevention content into early childhood coursework at 18 of the 23 Virginia community colleges (those which offer either a 16-credit career studies certificate, a 31-credit certificate, or a 2-year Associates degree in Early Childhood Development/Education). The faculty continues to adjust lesson plans to align with existing course objectives, and create content that can be delivered both face-to-face and online, with potential to reach 1000-1200 students annually. When finalized, consistent, best practice-specific information will be integrated into classes that build the knowledge of students most likely to become ECE educators.

In 2018, ECELC state partner Child Care Aware of Virginia created a state-specific webpage added to its Virginia Shared Services Portal, an initiative of CCAVA providing resources for quality child care. This new page houses HEPA resources available to all Virginia ECE programs. Resources include Virginia-specific HEPA supports, such as VFHY Rev Your Bev materials, promotion of Virginia CACFP and regional contact information, links to Virginia Cooperative Extension SNAP-Ed materials and curricula, and VDH's breastfeeding support. Additional best practices resources from Nemours and CDC are also part of this webpage. CCAVA is working with VDSS partners to formally allocate a small percentage of their annual TA funds to prioritize program-level HEPA improvements.

CCA-VA partnered with Virginia's key early care professional development partners via webinars and no-cost memberships to the Shared Services Platform to facilitate capacity (and interest) in bolstering ECE program-level health improvements. CCAVA regional offices utilized Shared Services resources and incentives to support and guide two additional HEPA changes with policy reinforcement among past ECELC participants. In addition to the resources and TA offered to ECE programs, this initiative establishes CCA-VA as "experts and home to resources for ECE HEPA excellence," and links other PD systems to CCAVA resources and HEPA content, in this way bridging the often fragmented early care service systems.

## QUALITY RATING AND IMPROVEMENT SYSTEMS (QRIS)

VECF and Virginia Director of Quality co-created an on-line QRIS module that explicitly links HEPA best practices to Virginia's Early Learning Standards and QRIS system. This module points to overlaps between high quality health standards and QRIS quality measures

The Milestones of Childhood Development domain of Health and Physical Development module launched in September 2018 and is now required for all regional and local Virginia Quality coordinators and trainers, and recommended for participating directors and providers. The module integrates CDC HEPA best practice recommendations, features the Smarter Mealtimes for ECE, and the Healthy Kids, Healthy Future website as resources for Virginia Quality Coordinators and ECE programs.

## Challenges to Integration

Virginia has experienced challenges in coordinating and aligning the work related to ECE and childhood obesity prevention. Even bolstered by strong partnerships, Virginia's ECELC Advisory Board members represent ECE service systems that must contend with competing priorities and program boundaries. The Nemours funded Project Coordinator along with Advisory Board members have worked to continually cultivate partnerships across agencies and better align the work so that HEPA integration is firmly rooted in training and professional development systems that serve Virginia's ECE community.

## Lessons Learned

Involvement of stakeholders via the Advisory Board has proven invaluable, linking essential ECE partners into planning integration strategies, and advancing within their own systems appropriate and effective HEPA priorities.

VECF and partners have also learned that timing matters: some integration opportunities may not be realized when a key partner has higher priorities. For example, in 2014, while Virginia was launching a revised QRIS platform statewide, this team was not able to consider HEPA strategies. Once the launch had been executed, this team was interested in partnering to find connections between quality and health. Other timing requires flexible willingness to act quickly. For example, when several community college faculty expressed interest in adding ECELC content to coursework, this professional development integration strategy was prioritized to leverage that momentum.

### Glossary of Key Terms

1. **Virginia Department of Health (VDH)** – State department involved in Virginia child obesity prevention efforts, overseeing CACFP, WIC, child care health consultants and other statewide initiatives. Participates on National ECELC project Advisory Group.
2. **Virginia Department of Social Services (VDSS)** – Oversees ECE program licensing, and administers Child Care & Development Block grant funding to provide professional development via regional training, a statewide Infant and Toddler Specialist Network.
3. **Child Care Aware of Virginia (CCAVA)** – a community-based network of early care and education specialists whose purpose is to deliver services to families, child care professionals and communities to increase the accessibility, availability, and quality of child care in Virginia.
4. **Virginia Early Childhood Foundation (VECF)** – A non-profit public-private partnership founded in 2006. It is a statewide overseeing early childhood systems building in Virginia, the “Smart Beginnings”, and capacity-building of local communities to implement initiatives, and is the state implementation partner for the National ECELC project.
5. **Virginia Quality** – Virginia's quality rating and improvement system, co-administered by VECF and VDSS.
6. **Health Advisory Committee (HAC)** – Health Advisory Committee of Virginia Head Start Association that builds grantee capacity to improve health outcomes for Head Start children and families. Represents Head Start on Advisory Council, and collaborates on state HEPA initiatives.

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

1. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCO), included in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, (3rd ed.).
2. Case studies were written for Alabama, Arizona, North/Central Florida, South Florida, Indiana, Kansas, Kentucky, Missouri, Virginia, and New Jersey. For the purpose of the summary, there are 10 states/regions highlighted which include Los Angeles, CA. Contra Costa, CA did not include integration work in their ECELC activities.
3. In Virginia, the state partner's activities fall primarily into the Pre-Service and Professional Development area of the Spectrum.
4. Other states' strategies included a focus on technical assistance (TA) as part of other change strategies. For example, TA offered as part of a new initiative or to accompany trainings or use of toolkits.
5. Aligned with the Preventing Childhood Obesity (2nd ed.) standards (CFOC3/PCO), included in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, (3rd ed.).
6. The avenues for change illustrated in the Spectrum are described in detail in the Spectrum of Opportunities document, available on the CDC's website - [https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework\\_May2018\\_508.pdf](https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf)
7. <http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>
8. <http://www.acf.hhs.gov/occ/fact-sheet-occ>
9. [https://www.cdc.gov/pcd/issues/2017/16\\_0437.htm](https://www.cdc.gov/pcd/issues/2017/16_0437.htm)
10. This number includes only programs in cohorts 1-6 that fully completed the intervention and completed sufficient baseline and post assessment materials to be included in evaluation activities.
11. Lt. Governor's Commonwealth Council on Childhood Success, Health and Well Being Workgroup; VDH Interagency Task Force on Obesity; and the Virginia Cross-Sector Professional Development Consortium.

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