Learning Collaboratives Help Early Care and Education Programs in Six States Achieve Changes to Address Childhood Obesity

What is the ECELC? The National Early Care and Education Learning Collaboratives (ECELC) Project led by Nemours and funded by the Centers for Disease Control and Prevention, promotes healthy environments, policies and practices in early care and education (ECE) settings to address childhood obesity. Participating child care, Head Start and pre-kindergarten programs serving children ages birth to five in six states worked to improve the environment, policies and practices related to healthy eating, physical activity, reduced screen time, and breastfeeding support.

What happened in the six states? In 2013, learning collaboratives (groups of ECE programs in a common geographical area) were launched in Arizona, Florida, Indiana, Kansas, Missouri, and New Jersey. States were selected based on general readiness for the project, high rates of childhood obesity, high prevalence of children living in poverty, and need for an ECE childhood obesity intervention. In each state an organization was selected as the on-the-ground implementation partner. These organizations included state departments of health and state-level early childhood organizations. Each on-the-ground implementation organization recruited ECE programs to participate culminating in the enrollment of 572 programs. The ECELC leveraged current work in states by staffing the project with trainers who were already working in early childhood or health initiatives (e.g. Quality Rating and Improvement System) and including state level standards in ECELC curriculum and materials.

How did it work? Each ECE program selected a Leadership Team of three members (e.g. program owners, directors, teachers, cooks). This team was empowered to champion the project and health improvements within their programs and with their peers. Leadership team members were invited to attend five, in-person Learning Sessions held approximately eight weeks apart. Each Learning Session was attended by a group of up to 28 ECE programs to form a Collaborative.

An Action Period followed each Learning Session, during which Leadership Teams trained their program staff to complete homework (e.g. self-assessments, training their own program staff, and creating Action Plans) and began implementing best practices for healthy eating, physical activity, reduced screen time, and breastfeeding support. During Action Periods, programs also received in-person and remote Technical Assistance (TA) from Trainers on homework and related obesity prevention efforts.

ECELC At-A-Glance
- Launched Spring 2013
- 6 State and local implementing partners
- 27 collaboratives
- Locations: Arizona, Florida, Indiana, Kansas, Missouri, and New Jersey
- 572 ECE Programs
- Serving ~52,000 children
- 5 Learning Sessions

Analysis of ECE program assessments across states show statistically significant increases in programs’ adoption of best practices around healthy eating, physical activity, reduced screen time, and breastfeeding support.
**What were the incentives?** To incentivize participation in the ECELC, programs were provided with $500 that they were encouraged to use to support their Action Plans, pay for Leadership Team travel or pay substitute teachers so the Leadership Team could attend the Learning Sessions. To further incentivize participation, implementation organizations worked with state agencies to ensure Leadership Team members could receive clock hours for each Learning Session and apply it toward licensing requirements or credits for professional development. In some states they were even able to ensure staff members who participated in Action Periods were also able to receive clock hours.

**What were the results?** In the first project year, 572 ECE programs serving more than 52,000 children enrolled in the ECELC across the six states. On average, participating ECE programs attended 80% of the Learning Sessions, and received six customized TA interactions from Trainers averaging five hours of individual support. Half of these TA interactions focused on child nutrition topics while the rest of the TA focused on breastfeeding, physical activity and screen time reduction. Programs chose improvements based on their self-assessment results such as serving food family style instead of pre-plating meals, making water available to children throughout the day, and reducing or eliminating the availability of sugar sweetened beverages. ECE programs learned strategies to engage families in making healthy changes in their program and at home.

To measure changes in implementation of best practices, programs completed the Let’s Move! Child Care Quiz (LMCC) and the Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) at the start and about seven months later at the end of the Collaborative. Analysis of both instruments found statistically significant increases in the percent of best practices being met by participating ECE programs.

- At baseline, programs participating in the ECELC were meeting 68.1% of LMCC best practices. After ECELC Learning Sessions and on-going TA, ECE programs were meeting 77.4% of LMCC best practices; a statistically significant increase of 9.3 percentage points.
- At baseline, programs participating in the ECELC were meeting 53.4% of Go NAP SACC best practices. After ECELC Learning Sessions and on-going TA, ECE programs were meeting 65.4% of Go NAP SACC best practices; a statistically significant increase of 12 percentage points.

**What’s next?** By meeting more obesity prevention best practices, programs provide a healthier environment which will hopefully lead to healthier children. Approximately 6.98 million children birth through age five attend one of the 129,000 center-based ECE programs in the United States. By targeting this setting, the ECELC model can play a key role in early childhood obesity prevention by improving policies and practices related to healthy eating and physical activity in these programs. Nemours and partners continue to spread the ECELC model to new communities and providers. In 2014, learning collaboratives were launched in California (Los Angles), Kentucky, and Virginia.

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*Data analysis and results are preliminary and pending peer review.