What is the ECELC? The National Early Care and Education Learning Collaboratives (ECELC) Project, led by Nemours Children’s Health System 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, Early Head Start, and pre-kindergarten programs serving children ages birth to five years in nine states work to improve policies and practices related to healthy eating, physical activity, screen time, and breastfeeding support.

What happened in the six states? In 2014, a second round of learning collaboratives launched in the original six ECELC states: Arizona, Florida, Indiana, Kansas, Missouri, and New Jersey. These states were originally 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 on-the-ground organization (e.g., state health department, child care resource and referral agency, non-profit foundation) served as Nemours’ State Implementing Partner (SIP) which also hired a Project Coordinator (PC) to facilitate and manage the project locally. States recruited three to four groups of ECE centers to participate in a 10-month program improvement effort. A total of 559 new ECE programs joined the collaboratives, a peer learning experience to support changes in program practices, environment and policies. All SIPs and six of seven PCs were veterans of the first cohort, enabling them to work more purposefully in their states on integration and sustainability. Examples of this work included staffing the project with Trainers who were already working in early childhood or health initiatives (e.g., Quality Rating and Improvement Systems), continuing to integrate state level standards into the ECELC curriculum and materials, and, when feasible, adapting the ECELC curriculum and materials to align with existing child obesity prevention interventions.

How did it work? Each ECE program selected a Leadership Team of three members (e.g., program directors, teachers, cooks) to participate in the collaborative with approximately 25 other ECE programs. Leadership Team members attended five, in-person sessions held approximately eight weeks apart and returned to their programs to spearhead program improvements with their staff.

An Action Period followed each session, during which Leadership Teams trained their program staff to complete tasks (e.g., self-assessments, training peers, and creating Action Plans) and began making improvements in their respective programs. During Action Periods, programs also received in-person and remote Technical Assistance (TA) from Trainers on the tasks, as well as specific topics (i.e., family-style dining, infant physical activity, or breastfeeding support).

What were the incentives? Implementing partners worked with state agencies to ensure Leadership Team members received clock hours for attending each training that could be applied toward licensing requirements or credits for professional development. In every state, staff members who participated in Action Periods also received clock hours. Participating ECE programs received a total of $500 to use towards efforts such as program improvements or off-setting costs of travel or substitute teachers needed to enable leadership team members to attend sessions.

ECELC: Cohort 2 At-A-Glance
- September 2014 – June 2015
- 6 State and local Implementing Partners
- 23 collaboratives
- Locations: Arizona, Florida, Indiana, Kansas, Missouri, and New Jersey
- 559 ECE Programs
- Participating programs served ~52,400 children
- 5 Learning Sessions
- On average, participating ECE programs received 8 hours of individualized Technical Assistance

Analysis of ECE program assessments across states show statistically significant increases in programs’ adoption of best practices around healthy eating, physical activity, screen time, and breastfeeding support.
What were the results? Eighty-three percent of enrolled ECE programs completed the entire project and received an average of eight hours of individualized Technical Assistance from Trainers. The majority of TA interactions focused on child nutrition topics while the rest of the TA focused on infant and child physical activity, screen time, outdoor play and learning, and breastfeeding and infant feeding. Programs chose what topics to work on based on their self-assessment results. They worked on changes such as serving food family-style instead of pre-plating meals, making water available 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 (LMCC) Checklist and the Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) at the beginning and end of the project. Analysis of both instruments found statistically significant increases in the percent of best practices being met by participating ECE programs, and changes in number of best practices met across age groups served and topic areas were similar to those observed in the first round of collaboratives in these six states.

Results from Go NAP SACC indicate that:

- Across all six states, ECE programs increased the number of best practices being met across all five topic areas.
- Among 367 programs, 83% had a positive change in the overall number of best practices met.
- Among the 203 programs working to make improvements in breastfeeding and infant feeding, 65% had a positive change in number of best practices met.
- Among 361 programs focusing on child nutrition, 79% had a positive change in number of best practices met.
- Among the 355 programs addressing infant and child physical activity, 75% had a positive change in number of best practices met.
- Among the 359 programs concentrating on improvements in screen time, 61% had a positive change in number of best practices met.
- Among the 351 programs working to enhance outdoor play and learning, 70% had a positive change in number of best practices met.

What’s next? By meeting more obesity prevention best practices, ECE center-based programs provide a healthier environment that will hopefully lead to healthier children. Approximately 6.98 million children ages birth to five years 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. These significant improvements suggest that participation in the ECELC may lead to important changes to policies and practices in ECE programs with regard to Breastfeeding & Infant Feeding, Child Nutrition, Infant & Child Physical Activity, Outdoor Play & Learning, and Screen Time. When added to Cohort 1, ECELC has served 128,174 kids in 1,356 programs across nine states and localities. Nemours and partners continue to spread the ECELC model to new communities and providers. Additional learning collaboratives are already underway and results will be available late 2016. States continue to develop partnerships with key stakeholders to work towards sustainability of child obesity prevention efforts and integration of ECELC content into state early childhood and health systems.

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