Healthy Practices for Preschools to Prevent Childhood Obesity

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Objectives of Training

- Increase knowledge and awareness of Healthy Eating (HE) and Physical Activity (PA) evidence-based best practice changes and strategies to make changes in preschool settings.
- Build self-efficacy in facilitating change processes.
- Provide links to community resources and partners.
- Share lessons learned about overcoming barriers related to getting HE and PE changes in place in preschool settings.
Training Agenda

- The Problem of Early Childhood Obesity
- Early Childhood Education HE and PA Best Practices
- Assess, Identify, and Make it Happen for Preschools (AIM-P) Strategies
  - Assess strengths and areas of improvement
  - Prioritize change (importance and feasibility)
  - Plan for change (steps and timelines)
- Motivational Interviewing (MI) Strategies
- Benefits
- Collaboration with Community Partners
- Connection to Current Work
- Lessons Learned
Early Childhood Obesity Prevalence

- 18% or 1 in every 6 preschool children are obese in the US (BMI > 95%).

- Low-income and ethnic minority children are disproportionately affected by obesity:
  - Native American/Native Alaskan - 31% (~1 in 3 children)
  - Hispanic - 22% (~1 in 5 children)
  - African American - 21% (~1 in 5 children)
  - White/Caucasian - 16% (~1 in 6 children)
  - Asian - 13% (~1 in 8 children)
Problem of Early Childhood Obesity

- Early childhood is a critical time to combat the childhood obesity epidemic for two reasons:
  - 1) Early development of basic motor skills, which are linked to later physical activity levels (Goodway et al., 2010), begin in early childhood
  - 2) Food- and nutrition-related attitudes, behaviors, and preferences are developed during these formative years (Birch & Sullivan, 1991).
Problem of Early Childhood Obesity

- Children who are obese in their preschool years are more likely to be obese in adolescence and adulthood (CDC, 2009) and to develop diabetes, hypertension, hyperlipidemia, asthma, and sleep apnea (American Academy of Pediatrics, 2003). As such, prevention and early intervention are key.

- Parents and teachers are children’s first and most important role models.
“I thought Colorado was the healthiest state in the nation.”
Why should we focus here?

How can we address the early child obesity problem in early child care (ECE) settings?

- Increase Opportunities for **Physical Activity**

- Increase Opportunities for **Healthy Eating**
ECE Healthy Eating & Physical Activity

*Best Practices*

- The Culture of Wellness in Preschools (COWP) team researches evidence-based policy, system, and environment (PSE) practices to help ECE sites make changes that are proven to increase healthy eating and physical activity.

- Best Practice means that these PSEs have been rigorously tested and proven to increase healthy eating and physical activity behaviors of preschoolers.
PSE’s

- Ongoing
- Foundational: Often produces behavior change over time
- Community/Population Level
- Part of an ongoing plan
- Long Term
- Sustaining
HE and PA PSE Best Practice Categories

- Physical Activity
  - Outdoor Environment
  - Indoor Environment
  - PA Education
  - Screen Time
  - Additional Policies and Practices

- Healthy Eating
  - Meal Time Environment
  - Foods Served
  - Nutrition Education
  - Food Served at Events
  - Additional Policies and Practices
Sample HE and PA Best Practices

- Meal Time Environment
  - Example: Serve meals family style

- External Food Celebrations
  - Example: Special occasions, including birthdays, are celebrated with healthy food and non-food alternatives

- Outdoor Time
  - Example: Teachers lead structured activities 2 times a day
  - Example: Water is readily available in outdoor environments
Making Change requires recognizing ECE providers Readiness to Change
Key Points about helping providers make HE/PA changes within ECE centers

- Implementing policy, system and environment (PSE) changes can mean sustainability of changes.
- Helping make PSE changes requires understanding of the barriers providers are facing at their centers.
- Different strategies derived from the AIM-P process can be used to help providers make PSE changes.
Roadmap

A - Assess healthy eating and physical activity in our school

I - Identify and select changes based on what works in schools

M - Make it Happen by changing the school environment to be healthier for students
Key Strategies to Make Changes in ECE Settings

1. Assess strengths and areas of improvement
2. Prioritize change
3. Plan for change
1. Assess Strengths and Areas of Improvement

- Discussing the internal and external factors that influence healthy eating and physical activity of preschool children at ECE centers.
Assess Strengths and Areas of Improvement

► Physical Activity
  ► What types of activities do you see during outdoor time?
  ► What do you see staff doing during outdoor time?
  ► How much outdoor time is available every day?
  ► In what ways, if at all, does poor behavior impact children’s playtime?

► Healthy Eating
  ► Which kinds of fruits and vegetables are served during the school day?
  ► What kinds of foods are allowed to be brought into classrooms?
  ► How are birthdays celebrated?
Questions so far??
2. Prioritize Change: Importance x Feasibility

**MEASURING IMPORTANCE**

- **Evidence**
  - Does research show that this change leads to increased physical activity or healthy eating?

- **How Often**
  - How often would this change impact a student’s behavior?
  - Would it impact students on a daily, weekly or monthly basis?

- **How Many**
  - Would this change impact all students or just certain groups?

**MEASURING FEASIBILITY**

- **Cost**
  - Will the change cost money, and if so can our school afford the cost of the change?

- **Time**
  - Will the change take a lot of someone’s time to put in place, and if so is there someone who can spend time making it happen?

- **Support**
  - Do students, staff, administration, and parents support this change?
Prioritize Change

Importance x Feasibility
(Low, Medium, High)
Example

- **High Importance, Low Feasibility**
  - Example: Update Fixed Play Equipment on outdoor play space
  - Why?
- **Low Importance, High Feasibility**
  - Example: Annual Healthy Field Day
  - Why?
- **High Importance, High Feasibility**
  - Example: Staff facilitate conversation about food at meals and use enthusiastic modeling during meal time
  - Why?
Questions so far??
3. Plan for Action

<table>
<thead>
<tr>
<th>STEPS</th>
<th>Who is responsible for completing this step?</th>
<th>What internal resources do they need (knowledge, skills, confidence etc.)?</th>
<th>What external resources do they need (money, resources, support, etc.)?</th>
<th>When does this need to be accomplished?</th>
<th>Notes</th>
</tr>
</thead>
</table>

- Planning will ensure the implementation and sustainability of new changes.
- Establish ‘To do’ steps in between meetings
- Each potential change will require completion of individual ‘To dos’ and identification of necessary resources
- Emphasize a collaborative process
Plan for Action

Consider the following when implementing a selected change:

1. Getting approval for the change
2. Getting buy-in from key stakeholders
3. Putting the change in place
4. Communicating the change to the school community
5. Planning for Sustainability
Plan for Action

Example: Increase quantity and quality of portable play equipment accessible during outdoor play time

- Action Steps?
- Internal Resources?
- External Resources?
- Timeline?
- Who’s responsible?
Questions so far??
Center Wellness Policy Example
Motivational Interviewing (MI) Strategies

- Communication technique for improving a person’s motivation to make change
- Importance of recognizing stages of change - *Readiness to Change*
  - Every site is different
- Key Skills
  - Use of Open-ended questions
  - Reflective Listening
  - Affirmations
  - Summaries
Examples of using MI techniques to discuss HE and PA changes

- **Express Empathy** for barriers ECE providers may cite related to making HE and PA changes

- **Affirm** willingness to brainstorm potential areas of improvement (e.g. “It sounds like you feel that…”)

- **Support the change talk** (e.g. “Tell me more about your thoughts on…”)

- **Identify Advantages for Change** (e.g. Benefit of eating fruit over drinking juice)

- **Express Optimism and Affirmation about Change** (e.g. “It sounds like you really want to improve...That’s‘ Great!”)
Benefits

- Local Public Health Agencies
  - Community Health Improvement Plans
  - Relationship building with ECE providers

- ECE Providers
  - Colorado Shines Points
  - Meet PA and HE needs of children
  - Cognitive and Behavioral benefits of PA and HE
Colorado Shines and HE/PA best practices

- HE and PA best practices alignment with CO Shines
  - Quality Rating and Improvement System (7 HE/PA-related points)
    - 5.4 The program has a 1-time certified playground inspection conducted. A playground quality improvement plan is created based on the results and progress is monitored annually
    - 5.5 Classroom teachers lead children in structured physical activities daily. (Once in a four (4) hour or less time period; twice in a five (5) hour or more time period)
    - 5.6 Program offers nutrition information and education programs, annually, led by nutritionist or registered dietitian
    - 5.7 Program has a garden and serves fruits/vegetables from the garden for children to taste
Collaboration with Community Partners

- Early Childhood Councils (ECCs)
  - 30 Early Childhood Councils throughout Colorado
  - ECCs work to improve services to children and families in the areas of 1) early care and education, 2) family support and education, 3) health care, and 4) social, emotional, and mental health.

- Quality Improvement Coaches
- Nurse consultants ECE centers
- Health Departments
- Other Partners

**Benefits of Partnering**
- Shared funding
- Shared knowledge/expertise
- Successful accomplishment of common goals
Connection to Current Work

- Formal health assessments
  - Community health improvement plans
  - 39 counties are focusing on obesity
- Communication with ECE providers
- COWP
  - Background
  - Funding
  - Reach
  - Expansion
Lessons Learned

Build Relationships

- **Recruitment**
  - Best to make a personal connection with the director

- **Importance of Relationships**
  - Considerations: Time it takes to build relationships, trust
  - Important to understand the sites needs related to healthy eating and physical activity
  - Important to make it clear that you are not regulatory, just facilitating change
  - Times for in person visits
    - Providers are very busy
    - Not good to stop by during drop offs or pick up
Lessons Learned

Implementation

- Encourage focus on healthy eating and active living best practice changes that are both highly important AND highly feasibly
  - Helpful to start with Low hanging fruit
  - Example

- Ensure director or person with decision-making power at site is involved in meetings/discussions
  - Buy-in is need from director and staff to make changes and sustain
Lessons Learned, cont.

Recognize the work already being done

- Discuss the strengths of the site related to HE and PA before areas of improvement
- Build on HE and PA assets that are already in place
Lessons Learned, cont.

Sustainability

- Setting timelines and short term goals will ensure change is happening
  - Change takes time

- Long-Term Sustainability
  - Identify a site wellness champion to help implement
  - Internally-based evaluation plan
  - Written and updated policies in multiple forms
Useful Resources

- Culture of Wellness in Preschools
  - COWPPPROGRAM.com (will be launched in August)

- Colorado Shines’ Program Resources

- Be Healthy Denver
  - www.behealthydenver.org
Questions?!
Please feel free to contact us directly with additional questions or resources!

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THANK YOU!!

- We will be sending out a 5 question evaluation after this webinar and we appreciate you taking a minute to give us anonymous feedback! Thank you!