



TASK FORCE ON EARLY CHILDHOOD OBESITY PREVENTION

Friday, February 17, 2012

North Carolina Institute of Medicine, Morrisville

10:00am – 3:00 pm

Meeting Summary

ATTENDEES

Members: Kathy Higgins (co-chair), Abena Asante, Nell Barnes, Tamara Barnes, Randall Best, Ron Bradford, Kevin Cain, Nancy Creamer, Alex Daniels, Alice Dean, Moses Goldmon, Sarah Langer, Mary Etta Moorachian, Robin Moore, Rich Rairigh, Susan Riordan, Meka Sales, Florence Siman, Michelle Wells, Stephanie Fanjul, David Gardner, Greg Grigs, Gibbie Harris, Brenda Jones, Jonathan Kotch, Alice Lenihan, Jenni Owen, Janet Singerman, Willona Stallings

Steering Committee and NCIOM Staff: Kimberly Alexander-Bratcher, Krutika Amin, Thalia Fuller, Pat Hansen, Jennifer MacDougall, Emily McClure, Pam Silberman, Anne Williams

Other Interested people: Kristen Baughman, Nilda Cosco, Ved Gulati

WELCOME AND INTRODUCTIONS

Kathy Higgins, President, Blue Cross and Blue Shield of North Carolina Foundation

Ms. Higgins welcomed the group and asked everyone to introduce themselves.

CHILD CARE STAR RATING SYSTEM

Tamara Barnes

Chief, Regulatory Services Section

North Carolina Division of Child Development and Early Education

Ms. Barnes presented an overview of the child care system in North Carolina. Since child care centers serve 632,040 children age 0-4 in North Carolina, the centers represent an opportunity to improve early childhood health, eating habits, and physical well-being. After discussing the child care system's structure and compliance history, she highlighted North Carolina's well-known star-rating license system, which consists of both program and educational standards. She explained the recent rule changes in child care, which include changes in outdoor time, educational resources, screen time, accommodations for breastfeeding moms, and nutrition. The proposed nutrition rules aim to further improve the healthy eating habits of children and staff. Before concluding the presentation, Ms. Barnes addressed the child care centers' current challenges (legislative process, rule revision related to outdoor play, and parent buy-in/support).

For Tamara Barnes' presentation, please click [here](#).

Selected Questions and Comments:

- Q: How do child care centers currently engage parents to gain their buy-in?
 - Child Care centers had not had that role until recently. Currently, the Child Care Regulatory Services Section is examining potential rules for how to engage parents more often. As an organization, we believe this is a very important missing piece.

- Q: In regard to the confusion in Hoke County about the lunch assessment, where can people find out more information?
 - Colleagues and interested parents are invited to attend public hearing commission meeting—on February 28th from 1:00-2:00pm.
 - May submit written comments until April 2nd to Dedra.alston@dhhs.nc.gov
- Q: How much education do parents receive about early childhood nutrition?
 - Currently very little nutritional education resources are given to parents. The quarterly childcare health bulletins aim to provide parents with greater insight on nutritional issues.
 - More training is necessary for providers to practice healthy eating habits and distribute educational resources to parents regarding children's nutrition.
- Q: Are the proposed rules for staff modeling observed or enforced?
 - The staff eating behaviors have always been monitored over lunch time. The rules would examine the food items that providers eat in front of children. Provider health and eating habits are a challenge.
- Q: Is there discussion of including access to an outdoor learning environment to rating system?
 - Currently, the Child Care Regulatory Services Section is looking at revisions as part of Race to The Top grant.

CHILD CARE HEALTH CONSULTANTS

Jonathan Kotch, MA, MD,MPH

Carol Remmer Angle Distinguished Professor
Gillings School of Global Public Health
University of North Carolina

Dr. Kotch provided a detailed summary of child care health consultants that work with child care centers in 53 counties across the state in 2011. These consultants observe and assess health and safety practices, evaluate training needs of parents/providers, provide resource and referral information, and review policies, procedures and health records. Consultants receive regular trainings in order to provide the best guidance to child care centers, parents, and providers. The Frank Porter Graham Child Development Institute partnered with the consultants in a study--the Quality Enhancement Project for Infant and Toddlers—to determine if health consultation and training by consultants improved health practices, policies, and children's access to health services. With access to consultants, all child care centers saw the outcomes improve. Additionally, Dr. Kotch reported on a study that evaluated the Nutritional and Physical Activity Self Assessment for Child Care (NAPSACC) intervention conducted by health consultants and its impact on children's health. The study in 18 licensed child care centers in California, Connecticut, and North Carolina revealed positive changes in all outcomes, especially a decrease in children's BMIs and an increase in whole grains, low fat meats and beans, dark green/orange vegetables, fruits, 100% fruit juice, and low/non-fat milk.

For Jonathan Kotch's presentation, please click [here](#).

Selected Questions and Comments:

- Q: What is the Quality Enhancement Project's (QEP) definition of safe play?
 - The definition is derived from the care we show for our children and observed playground environments and behaviors.
- Q: How did the QEP measure children's physical activity?

- We measured children's physical activity with a tool developed by NAPSACC, which involves watching children and recording their nature and type of activity for a duration of 8 minutes.
- C: Once rapport is established, child care providers are ready for training and can experience significant improvement. Provider training is an important complement to the training and implementation that is already being performed.

OVERVIEW OF INTERVENTION POINTS, BARRIERS, & GAPS

Pat Hansen, RN, MPH

Shape NC Project Manager

Smart Start

North Carolina Partnership for Children, Inc.

In order to develop community-level strategies based on intervention points, Ms. Hansen presented some of the current barriers and gaps in North Carolina's child care center system. After discussing the Centers for Disease Control and Prevention's (CDC) model on the spectrum of opportunities, Ms. Hansen examined the facility-level interventions with NAPSACC, Be Active Kids, Shape NC, I am Moving I am Learning, and Color Me Healthy. While all of these programs have had many successes, the challenges that exist are building sustainability as it relates to workforce, incentives to continue delivering programs, and implementation of creative curriculum in everyday planning. Also, the current programs offered in child care centers do not have ongoing technical assistance to support model fidelity or coordination among programs. While interest is growing for emerging opportunities such as hands on food preparation classes for child care cooks and providers, staff turnover is high and funding opportunities are difficult to access.

For Pat Hansen's presentation, please click [here](#).

Selected Questions and Comments:

- Q: What is the staff turnover rate in childcare centers?
 - Currently it is close 24%, which is a huge improvement over 30% earlier.
- Q: Does the program Healthy Futures Begin in the Kitchen bring cooks from across North Carolina to Charlotte to be trained?
 - Yes, child care center cooks from across the state can receive one-day training. The regular course is taught over several weeks at Central Piedmont Community College.
 - The hope was to work with community colleges with culinary programs, but this relationship has not been formally established. Next month we will discuss these details more. The critical element is the hands-on experience. This requires a certain type of kitchen-grade facilities to conduct the training.
- Q: Are there peer support or peer learning groups that are encouraged or in place around the state?
 - Childcare providers come together in local smart state partnerships, but this is not a state-wide effort.
 - Cohorts of peer supported providers come together for professional networking opportunities in Mecklenburg County, but this is not a statewide system.
- Q: Is there crossover in training or coordination of training?

- No, because training and technical assistance providers represent different groups and report through different systems.
- No, because training is mainly a funding stream issue. Since there are different funding sources for technical assistance and training, some of the training is coordinated and some is independent.
- Maybe there is an opportunity for training across funding streams to impact the Quality Rating and Improvement System (QRIS).

DISCUSSION OF BARRIERS & IMPLEMENTATION STRATEGIES

Pam Silberman, JD, DrPH

CEO and President

North Carolina Institute of Medicine

After understanding the gaps and strengths of our current childcare system, Dr. Silberman led the task force in a discussion around strategies. The discussion was based on Ms. Hansen's presentation regarding specific strategies. Dr. Silberman reiterated that while many great initiatives exist in our state, these initiatives do not touch all childcare centers. Ms. Alexander-Bratcher highlighted the importance of addressing current and potential barriers. The task force is charged with taking the current recommendations and operationalizing them to see the successes in the whole state not just 18 centers. In order to develop strategies, Dr. Silberman grouped the child care recommendations into four different categories:

1. Enhanced nutrition standards
 2. Enhanced physical activity, more time outdoors, moderate and vigorous activities
 3. Less screen time
 4. Breastfeeding
 - a. The regulation that childcare center must have a place for women to breastfeed already is in effect.
- Potential Strategies
 - How can we strengthen and expand the initiatives we are already doing well?
 - Need to know where initiatives are occurring in state (urban vs. rural)
 - Need to know whether some counties are receiving more of one initiative and less of another.
 - Need to know where are the higher rates of childhood obesity in the state and if there is some correlation between these areas and the presence of lack of services.
 - Training workforce
 - Are providers still active that received training? What is the retention with training?
 - If participation is low, need to start to build profile of the centers getting training.
 - Incorporating quality improvement in incremental strategies. Need to move the market to where there is an institutionalized driver—such as the star rating system and QRIS.

- Need to determine the drivers for why people are apt or not to participating in our childcare system.
- Example: A mandated measure in Smart Start is enrolling more children in higher quality star rating centers. Smart Start utilized regulation as a driver to leverage local partnership investment.
- Nutrition Enhancement and Childcare Center Buy-in for training
 - NAPSACC is only available to higher star rated centers. Needs to be available to lower star rated centers to incentivize them to improve.
 - Bring training about nutrition to the centers and make it practical to staff/not after hours.
 - Include knowledge of nutrition in certification—use systematic change as a driver.
- Barriers to Statewide Childcare Workforce
 - Resources and ability to draw qualified staff varies by county.
 - The Department of Child Development and Early Education (DCDEE) has inspectors and Child Care Health Consultants (CCHC) are available, but in only 50 counties.
 - Currently, NC has state-wide technical assistance (TA) and training personnel, but the priorities that TA addresses in the train the trainers model are based on different funding streams and funder priorities.
- How to build statewide workforce capacity?
 - Specify the content of the training in the teacher licensure.
 - Create regulatory environmental mandate minimums in the QRIS incentive system.
 - Need to know levels of effectiveness for training programs. Smart Start has some measures, but no longitudinal data.
 - Shared information shared should be consistent—need to agree on content for cross program training system
 - Create required continuing education because currently educator certification is voluntary.
 - Move towards specialized certification
 - Utilize the TA from CCHC, Smart Start, Childcare Resource and Referral System
 - Utilize trainers, who are approved by DCDEE—may get accepted automatically if within one of the state systems
 - Typical childcare trainers not involved with Area Health Education Centers (AHEC)—trainers could also include Agricultural Extension and AHEC
- How to focus statewide resources and adapt Star Rating System?
 - Determine location of 2 star centers in order to target resources.
 - Currently, Star Rating system does not fully address physical activity and nutrition.
 - Analyze current indicators to see where we can strengthen and expand.
 - Need gap analysis and mapping per county or per child in each county.

- Focus on building a second star rating system based on physical activity and nutrition, encourage parents to look for these indicators when making decision
 - If could agree on the extra seal- parents will pay attention.
 - If build on current star rating system, simple message—change will take a longer trajectory.
 - Pull together best practices, times, and locations of trainings: empower interested people to find these resources.
 - Barrier: Role Models
 - Staff wellness. Provide resources and encouragement for staff to pay attention to their own health.
 - Build in incentives in training/certification for staff to be healthier.
 - Resource issue with staff wellness project for childcare. Coaching and personal feedback lacking without significant resources.
 - Overcoming Barrier: Role Models
 - Potential solution: Blue Cross Blue Shield of North Carolina (BCBSNC) does telephonic coaching and follow up. Could BCBSNC expand their telephonic coaching to child care staff? Could they offer it regardless of provider's insurance?
 - Could the wellness tie into the Blue Points- so not a center incentive, but an individual incentive?
 - Could childcare employees be earmarked in hospital community needs assessments?
 - Build on the Smart Start infrastructure to leverage the early model learning centers (through Shape NC) that are geographically distributed across the state.
 - Example: Be Active has a staff wellness challenge starting
 - Model nutrition/healthy eating by preparing cooks for ways to incorporate healthy eating.
 - Example: Johnson & Wales University program, Healthy Eating Starts in the Kitchen, bring in parents once a month to get buy-in and teach them things they can incorporate at home.
 - Involve community colleges that have culinary programs to expand the availability of their cook training.
 - How to engage parents?
 - Create a 5-question guide that all parents should consider when choosing a childcare center.
 - Questions relates to the seal of approval
 - Need liaison between childcare and home. Real role models are the parents; thus, they must know how to model healthy behaviors.

The next meeting will be held on Friday, March 16th.