

Ten-state program increases healthy eating and physical activity at child care facilities

25 July 2019

Nearly 1,200 child care programs in ten states have improved their healthy eating and physical activity standards after participating in Nemours Children's Health System's National Early Care and Education Learning Collaboratives (NECELC) project, funded by the Centers for Disease Control and Prevention. The results, published today in the journal *Preventing Chronic Disease*, show broad and sustainable improvements in best practices reported by child care programs through targeted state-based efforts emphasizing learning from other child care providers, making changes within their centers, and technical assistance.

"Promotion of [healthy eating](#) and physical activity in [child care](#) settings has potential to reduce obesity risk among the one in four children under the age of five who spend some part of their week in [child care](#)," said Debbie I. Chang, MPH, Nemours' senior vice president of policy and prevention and an author of the study. "Recently reported declines in obesity in these young children offer early support of efforts targeting this age group."

The NECELC project was a multi-sector approach to embed [best practices](#) in healthy eating and physical activity in early care and education (ECE) settings. Researchers said the six-year project was important because 13 million children spend time in ECE, and more than one of eight children (14%) ages 2 to 5 have obesity. The best practices focus on five areas: infant feeding, [child nutrition](#), physical activity, outdoor play and learning, and screen time.

The program reached children in Alabama, Arizona, California, Florida, Indiana, Kansas, Kentucky, Missouri, New Jersey, and Virginia. While Nemours provided guidance and direction regarding implementation, each state's designated implementing partner had flexibility for tailoring the model at the state, local, and program level to have the biggest impact.

The 10-month program was spread and scaled to more than 1,910 ECE programs (1,173 programs participated in the evaluation phase) from 2012 through 2017 and included pre- and post- program assessments, peer learning sessions for program leaders and staff, action planning and implementation, and technical assistance. In addition to this support, each participating program received a \$500 stipend to incentivize their participation.

The project team measured the number of self-reported healthy eating and [physical activity](#) best practices among programs serving only preschoolers, toddlers and infants at the start and end of the program. The number of best practices met in each of the five areas increased significantly during the assessment period. Improvement was highest for outdoor play and learning, where an additional 2.4 best practices represented a 44 percent improvement. It was lowest for child nutrition, where an additional 4.7 best practices was a 20 percent improvement. The authors note that programs may have had more opportunities for improving best practices in [outdoor play](#) and learning, while many ECE programs were already meeting many child nutrition best practices at the start of their involvement in the project.

"The reproducibility of results across states, and across well-resourced and poorly resourced child care programs support that this model allowed, as intended, for optimal tailoring at the state, local, and program level," said Chang. "We believe this approach may help fill a gap in resources, educational materials, and setting standards among early childhood programs."

More information: Teresa M. Garvin et al, Multisector Approach to Improve Healthy Eating and Physical Activity Policies and Practices in Early Care and Education Programs: The National Early Care and Education Learning Collaboratives Project, 2013–2017, *Preventing Chronic Disease*

(2019). DOI: [10.5888/pcd16.180582](https://doi.org/10.5888/pcd16.180582)

Provided by Nemours

APA citation: Ten-state program increases healthy eating and physical activity at child care facilities (2019, July 25) retrieved 14 November 2019 from <https://medicalxpress.com/news/2019-07-ten-state-healthy-physical-child-facilities.html>

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