ohio HEALTHY PROGRAMS project

FINAL REPORT

September 2011

Healthy Children, Healthy Weights

Columbus Public Health
Healthier, Safer People

Healthy Children, Healthy Weights Curriculum provided in cooperation with Columbus Public Health.

A project of OCCRRA
Ohio Child Care Resource & Referral Association

Ohio Department of Health

Funding provided by the Ohio Department of Health

INTRODUCTION

Our relationship to food and physical activity begins to form from our earliest experiences eating and moving with those who care for us. Important caregiving adults in young children's lives pass on their attitudes and habits about food and activity, often without even knowing it. Occasionally we intentionally communicate our beliefs about food and activity to children, but more often we communicate them unintentionally, through our own choices of what and when we eat and how often we get ourselves moving.

NEED

Current research reveals that the poor nutrition and activity habits that have resulted in obesity for more than 25% of Ohio's adults are also being learned by Ohio's youngest children, resulting in obesity in **10-25%** of Ohio's children ***before they even enter kindergarten***.

PURPOSE

The Ohio Healthy Programs Project was created to reverse that trend by working with child care programs across the state. Healthy Programs was designed to elevate awareness among child care professionals about factors that contribute to obesity in young children and to help them change policies and practices in their programs to more intentionally promote healthy habits.

PROJECT STRATEGY

The program was designed to improve healthy eating and activity in child care programs using four strategies:

1. Provide **training** to increase child care program staff knowledge and skill in encouraging healthy habits in young children.
2. Facilitate changes in **program policies** that support healthy nutrition and activity.
3. Facilitate improvements of the nutritional quality of **meals and snacks** provided through programs.
4. Encourage effective **parent participation** in efforts to establish healthy habits among children, families and staff.

INCENTIVE

Programs were invited to apply for **Ohio Healthy Program** status. Requirements included attending training and implementing healthy policies and menus and engaging parents in efforts to increase healthy habits. Successful programs received a certificate and additional resources to sustain their efforts. Ohio Healthy Program status remains active for one year and is renewable.

FUNDERS & PARTNERS

Funding for **Ohio Healthy Programs** was provided by the Ohio Department of Health. The Ohio Child Care Resource and Referral Association partnered with Columbus Public Health, the Child Care Resource and Referral agencies and Healthy Child Care Ohio to provide a standardized curriculum for participants in the project and to provide technical assistance to programs. Programs were encouraged to create policy and system changes to reduce the risk of childhood obesity in child care settings through participation in the program. The Columbus Public Health District generously provided the *Healthy Children, Healthy Weights* curriculum for the project.

FINAL REPORT

This final report summarizes attendance and evaluation data from the training sessions. A summary of the most frequent program changes made by participating programs is also reported. The attendance and training evaluation data were collected via feedback surveys distributed after each training session. Information about program changes was gathered from documentation submitted by programs applying for Ohio Healthy Programs status.

PROGRAM DESCRIPTION

ELEMENTS

Applicants for **Ohio Healthy Program** status had to address four elements:

1. **Training:** Training was a large part of the Ohio Healthy Programs project. Programs that submitted an application to receive Ohio Healthy Program distinction were required to participate, but other child care programs were also invited to send teaching staff or administrators. All training was available at no charge to attendees.

   - Session 1: Healthy Habits: Programs were required to send staff to a 4-part training series, *Healthy Children, Healthy Habits,* developed to increase knowledge and skill in prevention of childhood obesity. Each part was offered as a separate, 2.5-hour training event focused on the following topics.
     - → Healthy activity
     - → Healthy eating and feeding
     - → Healthy growing
     - → Healthy families

     [**Note:** All interested child care professionals were invited to attend the free trainings, even if their program did not intend to apply for Ohio Healthy Program status.]

   - Session 2, Healthy Menus, and Session 3: Healthy Policies: Administrators of participating programs were required to attend two additional training sessions to address program supports related menu planning practices and program policies.

2. **Program policies:** Programs were required to adopt, revise or create a program policy that would encourage and support healthy habits among staff, children and families. Participants discussed supportive policies during training sessions and were provided with several samples.

3. **Meal and Snack Menus:** Feeding children nutritionally sound and developmentally appropriate foods in a group setting was discussed during training sessions. Sample menus were critiqued and healthier options were identified. Participating programs were required to submit a revised weekly menu reflecting healthy choices.

4. **Parent Participation**: Strategies for involving and supporting parents in implementing healthier eating and activity habits were presented during training. Participating programs were required to implement at least one of these strategies with the families in their program.

PROGRAM PARTICIPATION

TRAINING & TA

Resources & Referral (CCR&R) staff in every region of the state, all of whom were trained to deliver the *Healthy Children, Healthy Weights* curriculum. In addition, HCCO consultants visited participating child care programs to offer technical assistance in establishing program-wide policies and practices to address the prevention of childhood obesity systematically.

Trainings

Three training sessions, covering six main topics, were offered by **38 trainers** during the period from January, 2010, through June, 2011.

- **2,486** participants attended training the training events
- **886** individual **professionals** received training through Ohio Healthy Programs.
- **406 programs** from at least **49 counties** had staff who participated in training.
- **20** of these programs also received an average of two technical assistance visits.

Training Session	Number of Times Offered	Number Attending
Session 1, Part 1: Healthy Activity	58	**650**
Session 1, Part 2: Eating & Feeding	58	**641**
Session 1, Part 3: Healthy Growing	58	**625**
Session 1, Part 4: Healthy Families	58	**623**
Session 2: Healthy Menus	40	**305**
Session 3: Healthy Policies	36	**265**

PROGRAM EVALUATION

Early Childhood Education Center	Clark	1
Let's Have Fun! Childcare	Scioto	1
Kidspace	Summit	0
Mandi's Playhouse	Lorrain	2
Kristi's Kids	Cuyahoga	6
Maria Early Learning Center	Lucas	6
Creative Early Learning Center Inc	Summit	7
Creative Early Learning Center Inc	Cuyahoga	10
Creative Early Learning Center Inc	Medina	7
East Liverpool Head Start	Columbiana	2
Libson Head Start	Columbiana	1
East Palestine Head Start	Columbiana	1
Salem Head Start	Columbiana	2
TOTAL		**46**

Ohio Healthy Program Status Awards

Thirteen child care programs from eight counties successfully completed the requirements to receive the status of an *Ohio Healthy Program*.

Training Participants

Those who attended each training session were asked to complete an evaluation at the end of the session. The evaluations included both qualitative and quantitative questions.

Ratings

Participant ratings of the Healthy Programs sessions overall were very positive. Participants were asked to rate nine different aspects of the training on a scale of 1 to 5, with 5 being most positive. Responses across all nine characteristics and across all sessions averaged 4.7 out of 5 points. When average ratings for the three different training modules were calculated, no differences were found.

Evaluation Question	# of evaluations	Mean (5-pt scale)
General satisfaction	923	4.66
Learned new information	923	4.62
Know more about the topic	858	4.61
Applicable information	858	4.64
Likely to apply in workplace	858	4.66
Knowledgeable instructor	858	4.77
Helpful teaching style of instructor	859	4.76
Instructor disposition	850	4.82
Location of session	857	4.69
Overall Average		**4.69**

Comments

Participants were also asked two open-ended questions at the end of each session. The first question asked participants to identify the ***most important information that was learned*** during the session.

- The most frequently mentioned topic was **information about specific foods** (e.g., whole grains, juice, milk) and understanding the nutritional guidelines for them, making up 18% of all responses.
- The second most frequently mentioned topic was **program policies** related to healthy eating and activity, making up 15% of all responses.
- The third most commonly mentioned topic was **menu planning and evaluation**, making up 10% of all responses. Four additional topics mentioned approximately 6% of the time were: parental involvement/engagement, statistics regarding obesity and activity among young children, activity ideas for use with children, and strategies for encouraging healthy habits.

Participants were also asked for any ***additional comments*** they would like to add. The comments were **overwhelmingly positive**, the most frequent topic being praise for the instructors. Other positive elements mentioned by several participants were the handouts provided, the interactive instruction, and the opportunity to talk with professionals from other programs.

Ohio Healthy Program Award Recipients

The child care programs that applied for *Healthy Program* status were asked to report on:

1. strategies that they used to engage with **parents** around the topics of nutrition and physical activity; and
2. **changes** that have occurred in their program as a result of participation in Ohio Healthy Programs.

PARENT ENGAGEMENT

The most commonly reported means of engaging parents were:

1. sharing information with parents on a **parent bulletin board** at the center; and
2. sharing information with parents through a regular **parent newsletter**.

Content included **nutrition information**, **menu/snack ideas**, **tips for healthier eating or activities,** and **information about activities** going on in the classroom in support of healthy habits.

Each of these two strategies for engaging parents was reported by eight of the 13 programs. Sharing information about nutrition, activity or wellness with families through a **parent meeting** was identified as a strategy used by three of the programs. Two of the programs also reported including parents on a **menu planning committee.**

PROGRAM CHANGES

Ten of the 13 programs provided information about changes that have resulted from participating in Ohio Healthy Programs. Participants were provided with a long list of possible outcomes and were also given the opportunity to write in any changes that were not listed.

Changes indicated by **at least half of the programs** were as follows (number of programs identifying each is given in parentheses):

- Greater **awareness** of the problem and risks of childhood obesity (8)
- Greater **knowledge about nutrition** (8)
- More **modeling** of healthier choices by adults working with children (7)
- Information is being **shared with parents** via newsletters, bulletin boards, etc. (7)
- A greater **variety of food** is being served (6)
- **Healthier snacks** are being served (6)
- Children are more frequently being encouraged to **drink water** (5)

CONCLUSION

Project Objectives

The Ohio Healthy Programs project leadership identified a number of outcomes for the project. The following table provides ample evidence that not only were most objectives met, but they were exceeded.

	Was the objective achieved? (+ exceeded; - unmet)	
Program Delivery		
• **34** consultants will be trained to deliver the *Healthy Children, Healthy Weights* training (14 HCCO, 20 CC&R).	**24** trained	+
• **35** training sessions will be delivered to child care professionals	**84** sessions	+
• **15** child care programs will receive technical assistance visits	**20** programs	+
• **75** child care programs will participate in the Healthy Child Care project in some way.	**406** programs	+
• **25** programs will receive Ohio Healthy Program status	**13** programs	-
Training Impact		
• **265** attendees of the Healthy Policies training created new policies for the child care programs		
• **305** attendees of the Healthy Menus training improved the quality of their menus		
Technical Assistance Impact		
• **75%** of recipients of technical assistance will report that they have changed at least one behavior due to the support they received from the project.	**82% -** admins **60%** - teachers	+ -
Although no benchmarks for increase in knowledge or change in program policies, the following data were collected 12 weeks after the last TA visit.		
• **40%** of participants said **policy** in their program had been changed as a result of the technical assistance		+
• **92%** of participants said their **knowledge** had increased as a result of technical assistance.		+
Ohio Healthy Program Status Certification		
• 75% of child care administrators completing a survey will report that applying for and receiving a Healthy Programs certificate allowed them to increase the wellness and activity levels of the children in their care	**90%**	+

CONCLUSION

Recommendations	• Participants in the Ohio Healthy Programs training were impacted by the information shared. Attendees of the Healthy Habits trainings found ways to embed physical activity throughout the day and to increase the quality of menus. Participants in the Healthy Policies training created policies for programs. Many children, staff, administrators and families in participating child care programs were touched by this work. We hope that the positive changes achieved will be sustained by the programs involved in the project and that the work can be carried forward.
Acknowledgements	• The Ohio Child Care Resource and Referral Association and its partners wish to thank the Ohio Department of Ohio for its funding of this project. We would also like to thank our partners: Columbus Public Health District, the Child Care Resource and Referral agencies and Healthy Child Care Ohio for their participation. Additionally, we would like to thank Autumn Trombetta, MS, RD, LD, for the generous use of her time for this project.