

introduction >

“Children learn healthy habits from the adults and caregivers in their lives. We have the opportunity to supply a generation with nutritious foods and healthy habits in an environment that is fun and safe and they trust us.”

– Jan Pelot

Wood County Head Start

Wisconsin Rapids

what are Active Early & Healthy Bites?

Active Early and *Healthy Bites* are companion guides designed to help early care and education (ECE) professionals address childhood obesity by improving physical activity and nutrition in the program. *Active Early* focuses on physical activity while *Healthy Bites* focuses on healthy eating, nutrition environments and on strengthening the USDA Child and Adult Care Food Program (CACFP) meal pattern. The guides are based on current science, public health research and national recommendations.

who should use Active Early & Healthy Bites?

The guides can be used by ECE professionals in a variety of settings, including:

- Group and family child care centers, after-school programs, Head Start centers and other CACFP facilities
- Sponsoring agencies, community coalitions, local early childhood organizations, government agencies and other groups interested in improving local nutrition and physical activity practices in ECE settings

Child care programs will find resources to help them learn what program policies to create, what strategies to try, how to help staff improve physical activity and nutrition, and how *Active Early* and *Healthy Bites* fit with other Wisconsin early childhood initiatives and licensing.

Child care teachers will find specific recommendations for improving physical activity and nutrition in their classrooms.

ECE training and technical assistance providers and **community organizations** interested in improving local nutrition and physical activity in ECE settings also will find useful information for working with child care providers.

common definitions

Early care and education (ECE) programs refers to all group and family child care centers, after-school programs, preschool programs, 3K and 4K programs, Head Start centers and emergency shelters serving young children.

Infants refers to children from birth through 11 months.

Children refers to children ages 1 year and older, including toddlers, preschoolers and school-age children.

Parent(s), family(ies) and caregiver(s) are used in the broadest sense to mean those adults with primary responsibility for children.

how do Active Early & Healthy Bites fit into Wisconsin's existing early childhood initiatives?

Physical activity and nutrition have a place in nearly every aspect in the current context of the ECE field in Wisconsin.

Licensing & Certification

Physical activity and nutrition clearly fit within licensing and certification rules. For example, children must have outdoor play daily, weather permitting, and all regulated group child care centers must follow the current CACFP meal pattern guidelines. The CACFP provides a template for menu planning and offers nutrition education to agencies participating in the program. The current CACFP meal patterns for Children ages 1-12 and Infants can be found in Appendices B and C.

YoungStar

Sixty minutes of daily physical activity can earn your child care program an additional point in YoungStar. This could be the one point needed to push your program into the next star-level. YoungStar also includes a point for nutritious meals served daily. Providers can verify nutritious meals:

- By participating in the CACFP, including training associated with the meal program
- By providing three months of menus to demonstrate well-balanced meals and snacks

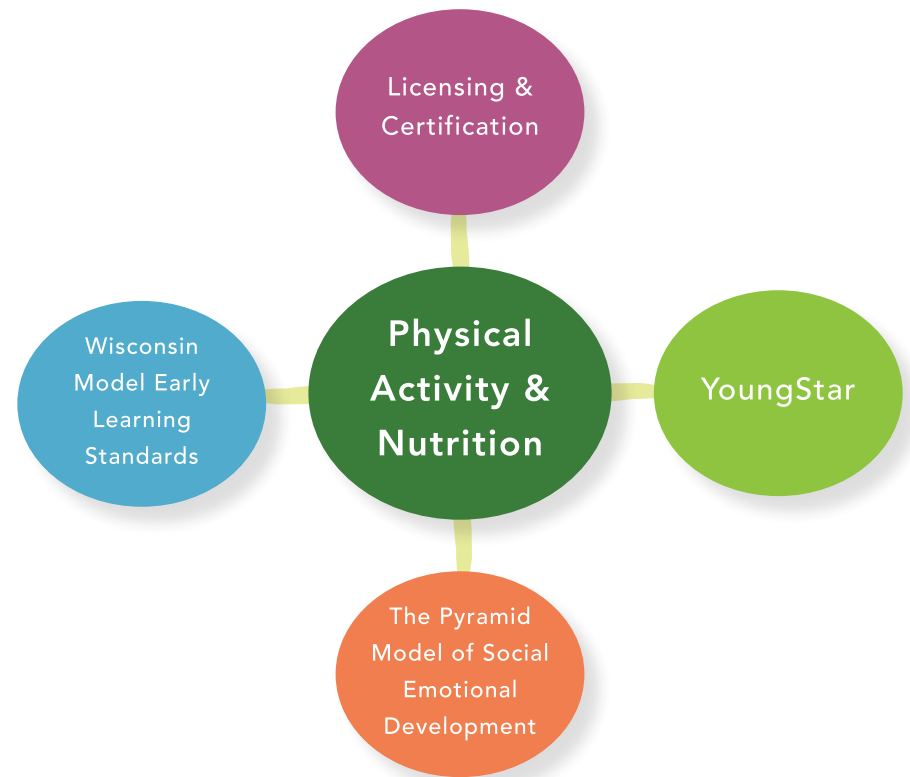
For more details about YoungStar, go to: <http://dcf.wi.gov/youngstar>

Wisconsin Model Early Learning Standards

Physical activity clearly fits within the Health and Physical Development Domain through skill and motor development, but also supports the other four developmental domains. Nutrition also is covered in the Health and Physical Development Domain and covers standards related to role modeling healthy eating habits, self feeding and table manners during mealtimes.

The Pyramid Model of Social Emotional Development

Establishing high-quality supportive environments and engaging in new experiences, such as learning about and trying new foods or physical activities, contribute to social and emotional development. For example, children establish self-awareness as they learn about their bodies and how to move them, whereas experiences like family style dining can develop a child's awareness of appropriate social behavior.



Why Active Early & Healthy Bites?

Across the nation, early childhood obesity and overweight rates are on the rise. In Wisconsin, 31 percent of low-income 2-4 year-olds, 25.1 percent of high school students, and 64.9 percent of adults are considered overweight or obese.¹⁻³ Poor nutrition and lack of physical activity are central causes of obesity. Action is needed now to decrease rates of obesity and improve the health of Wisconsin residents.

Researchers have warned that if childhood obesity rates continue to rise, children today are likely to live shorter lives than their parents.⁴ Early childhood obesity dramatically increases a child's chances of becoming an obese adult and increases risk for many chronic diseases, including cardiovascular disease and diabetes.⁵

Physical activity and eating habits develop early, making early care and education settings important in preventing obesity. Wisconsin has the capacity to serve more than 170,000 children in regulated child care facilities. On average, children under age 5 spend more than 30 hours per week in early childhood settings.⁶

Studies show that early care and education settings have the ability to combat childhood obesity by promoting the following habits:

- Be more physically active
- Watch less television and spend less time using computers and electronic games
- Breastfeed infants longer
- Eat more fruits and vegetables
- Eat fewer high-energy dense foods, such as candy, chips and cookies
- Drink fewer sugar-sweetened beverages such as regular soda, fruit juice cocktails and energy drinks

Note: The contents of the guides are subject to change, based on new science, public health research and national health recommendations. The online version of the guides will be updated as needed. The most current version is available on the following websites:
<http://dpi.wi.gov/fns/cacfpwellness.html> and www.dhs.wisconsin.gov/health/physicalactivity/Sites/Community/Childcare/index.htm.

Obesity is a condition in which there is a very large amount of extra body fat stored in the body.

Overweight is a condition in which there is more body fat stored in the body than what is normal for a person's age, height and build, but not to the extent of obesity.

Prevention is the act of stopping something before it happens.

What causes obesity?

- > Behavioral Factors, such as diet and physical activity levels
- > Environmental Factors, such as social setting and physical environment
- > Biological Factors, such as genetics
- > Other contributors:
 - Eating patterns
 - Low-birth weight
 - Excessive weight gain during pregnancy
 - Formula feeding
 - Overweight/obese parents
 - Parenting styles and habits

why is cultural competency important?

Cultural competence refers to a program's ability to honor and respect the beliefs, interpersonal styles, attitudes and behaviors both of families and staff.⁷ Ideally, ECE providers should obtain cultural information about families and staff and apply that knowledge in their program. Becoming culturally competent is an ongoing process.⁸

Honoring the individual is one of the most important concepts in cultural competency. There is much more diversity within cultural groups than between cultural groups. The best way to ensure that each child's culture is honored is to take the time to know every family in your care through constant communication about each child's progress and needs. It is very important to understand the values of each family and the hopes and dreams they have for their child.

Talk to parents to learn what each child's life is like at home. Be open and respectful, and honor each family's values and priorities, as these are reflections of their culture. Eating, sleeping and physical activity patterns at home influence how active a child will be in your program and how active a child is in your program will affect eating and sleeping overall. Communicate frequently with parents about the food their child is eating and the amount of physical activity they are getting in your care. Discuss the benefits of nutrition and physical activity for each child. Ask parents "how" and "what" questions to encourage them to talk about their children's nutrition and physical activity both at home and in care.



Citations (for pages 3 and 4)

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how do I use Active Early & Healthy Bites?

First, assess your program using the **Healthy Bites Self-Assessment (Step 1)** found in Appendix D. Use these results to prioritize areas where you want to make changes and identify nutrition goals. Keep in mind not all areas need to be addressed immediately.

Second, use the **Quality Improvement Plan (QIP) (Step 2)** found on page 7 and in Appendix E to outline how you will make your improvements. Use the **Take Action** section (pages 11-45), which includes recommendations for best practices, and environment and program policy changes, to develop the QIP. These will become your desired outcomes. It is especially important to include written program policies to support and sustain the improvements you want to make.

Next, **implement changes (Step 3)** using ideas and tools from the **Take Action** section. How you implement change will be determined by the tasks outlined in your QIP, potential barriers, responsible parties and available resources.

Lastly, **repeat the assessment (Step 4)** process on a regular basis. Ongoing assessments can direct your program toward additional opportunities for improvement. You can continue to measure your progress toward your goals and gauge your success using the QIP. Please note that you should also evaluate your program for physical activity improvements by completing the self-assessment in *Active Early*.

The diagram below was adapted from the *Wisconsin Model Early Learning Standards Teaching Cycle*.

Steps 1 & 4: Program Assessment

Use the **Healthy Bites Self-Assessment** to get a picture of your current program and to prioritize areas that need improvement. **Repeat assessment** to understand whether your policy and program changes were effective.

Steps 3: Implement Changes

Implement changes using ideas and tools from the **Take Action** section to help make positive changes to your program.

Step 2: Quality Improvement Plan & Policy Development

Based on your assessment results, use the **Take Action** section to create a **Quality Improvement Plan** and **write program policies**.

Healthy Bites Take Action includes:

- Nutrition for Children Ages 1-12
- Nutrition for Infants
- Nutrition Environment
- Appendix

In each section you will find:

- Serve These, Not These Recommendations
- Rationale (Why?)
- Action Steps (How?)
- Sample Program Policies

PROGRAM ASSESSMENT

understanding where you are & where to start

Assessment is often an overlooked step. However, taking the time to assess your program increases the chances that you will make the right changes with the most impact for children, staff and parents. The strategies outlined below can be used for *Active Early* and *Healthy Bites* and will help determine what currently is being done and what more can be done in the future to improve nutrition and physical activity in your program.

Start with the *Healthy Bites Self-Assessment*

This self-assessment tool allows you to freely assess your environment, policies and practices and will suggest key areas for improvement. See Appendix D for a copy of the *Healthy Bites Self Assessment*. *Active Early* includes a physical activity self-assessment.

This tool can supplement the self-assessment required for YoungStar and will help you look specifically at your program's nutrition environment.

“The self-assessment helped us to understand the changes we had to make to be better. The QIP helped us understand what obstacles were keeping us from being successful and what we needed in order to improve physically.”

– Toni Nader, Library Square School, Kenosha

Ongoing Assessment for Evaluation and Quality Improvement

Document changes you are making to show if progress has been made in the quality improvement areas. Repeat the self-assessment process on a regular basis to ensure your QIP is still aligned with the type of improvements you want to make. This will help you see the results of the changes made and celebrate your successes.

Other Ideas for Assessment

It is important to engage families and center staff in the assessment process as well. Use a simple questionnaire or interview.

Parent Survey: Use a questionnaire to ask parents for their opinions on nutrition and physical activity in the program. The questionnaire could be distributed at pick-up time or sent home with a child. Questions could be used to find out what, if any, concerns parents might have. Here are some sample questions:

- Do you feel our program supports your child's nutrition and physical activity habits?
- Do you think our program regularly communicates information on nutrition and/or physical activity?

Staff Interviews or Survey: Use a questionnaire to ask staff for their opinions on what could be done to support nutrition and physical activity. This can be used to learn more about staff interactions with children and parents and to better understand the program's environment. Asking staff their opinions also may help build buy-in for making changes later. Some sample questions:

- What are you currently doing to support nutrition and physical activity?
- How can nutrition and physical activity be improved?

SAMPLE QUALITY IMPROVEMENT PLAN

directions

Using the results of the self-assessment, prioritize the areas that need improvement. Not all areas need to be addressed immediately. It is recommended that your program chooses two to three aim/desired outcomes. Once your aims have been selected, complete the QIP. Include written program policies to support and sustain improvements you want to make (see next section for information on writing program policies). Below is a sample QIP. You will find a blank chart in Appendix E where you can create your own plan. Refer to the QIP Definitions on page 8 for information to help complete each column.

example

Original QIP Date: January 1, 20XX

Date of QIP Review: March 15, 20XX

Quality Improvement Area	Aim/ Desired Outcome	Potential Barriers	Tasks	Responsible Party(ies)	Resources On-hand/ Resources Needed	Measurement	Timeline/ Benchmarks	Test of Plan
Grains/Breads	Provide at least one serving of a whole grain product each day at breakfast	<ul style="list-style-type: none"> • Availability of whole grain products • Older children do not like whole grain bread 	<ul style="list-style-type: none"> • Learn how to identify whole grain foods • Revise breakfast menu to include only whole grain items 	<ul style="list-style-type: none"> • Center administrator • Family provider • Kitchen staff 	<ul style="list-style-type: none"> • Healthy Bites • Team Nutrition • Whole Grains presentation on WI Department of Public Instruction website 	A whole grain product is served each day at breakfast	<ul style="list-style-type: none"> • Obtain whole grain resources within 2 weeks • Menu revised by end of month 	Worth doing? <input checked="" type="radio"/> Y or N Measurable? <input checked="" type="radio"/> Y or N Improve Outcomes? <input checked="" type="radio"/> Y or N Inclusive? <input checked="" type="radio"/> Y or N Culturally Competent? <input checked="" type="radio"/> Y or N
<p>Sample program policy: Our center will increase whole grains served to children by providing at least 1 serving of a whole grain product each day at breakfast.</p>								

quality improvement plan definitions

Quality Improvement Area:

What area(s) does your program want to address?

Examples: Fruits/Vegetables, Grain/Bread, Celebrations, Gardening, etc.

Aim/Desired Outcome:

What are you intending to change?

What do you hope to achieve with your plan?

Potential Barriers:

Who or what may prevent you from achieving your aim/desired outcome?

Tasks:

What steps will you take to achieve your aim/desired outcome?

Responsible Party(ies):

Person(s) assigned to the tasks?

Resources On-hand/Resources Needed:

What resources (people, time, materials, and know-how) do you currently have and need to help you achieve your aim/desired outcome?

Measurement – How will the team know if the aim is achieved?

How will you measure your progress toward your goal?

Timeline:

When will the task(s) be completed? (Day/Month)

Benchmarks:

Steps along the way that will let a program know it is on track toward achieving its desired outcome.

Test of Plan:

- **Is this plan worth doing?** Yes means you believe achieving your aim/desired outcome will have positive results for children, families, staff or your business.
- **Is this plan concrete, specific and measurable?** Yes means that when you look back at the aim, you will be able to show clear results through your measurement.
- **Will the result of this plan improve outcomes for children, families, staff or your program?** Yes means there is a high likelihood that changes will be positive.
- **Are the outcomes inclusive of all children, culturally competent and developmentally appropriate?** Yes means these positive changes are good for ALL children and families, including those with disabilities and other special needs. Individualizing learning experiences and environments accommodate optimal development for all children in care; for families with a variety of points of view, life experiences, and cultural and language differences; and make sense for each age and stage of child development.

Dates:

Record the original date the QIP was completed and the date(s) it was reviewed for ongoing assessment.



why?

Program policies can support and sustain the changes you want to make in your child care center.

Program Policies can help:

- Create consistent messages for children, staff, parents, and licensing or CACFP officials that explain and reinforce nutrition and physical activity habits
- Provide clear guidelines for staff members and families
- Provide a basis for evaluation of your program, and identify areas that may need improvement
- Educate new staff and parents on current nutrition and physical activity practices
- Guide decisions and choices your program makes every day
- Communicate the program's benefits to potential families
- Prevent problems and provide solutions

Program Policies may be included in:

1. Parent handbook
2. Personnel handbook or Standard Operating Procedures
3. Fliers or newsletters
4. Center displays (e.g., on the parent board)

program policy development

1. Use the **Healthy Bites Self-Assessment** and **Quality Improvement Plan** provided in Appendices D and E to identify areas needing improvement
2. Refer to the **Take Action** section (pages 11-45) for recommendations and sample program policies
3. Consult with those who will be affected by the program policy (staff members, parents) by conducting surveys, questionnaires, or having meetings or discussions
4. Write program policies that support the desired changes
5. Have another staff member or parent review the program policies
6. Make staff members and parents aware of the new program policies. Post program policies at the center, distribute a letter to staff/parents, revise handbook pages, write a newsletter article, include in meetings (see Appendix J for a Sample Program Policy Handout)
7. Assess effectiveness of the program policy
 - a. decide how you will know if the program policy is effective
 - b. review and reassess periodically
8. Set implementation dates for program policies

To be effective, the program policies must be current, clearly written and easily accessible to all people involved.

The policies in this guide are intended to be examples of what may be used in your program. They may be used as they are written or you may change to meet the needs of your program.

SUCCESS STORY

Obesity prevention: a family approach

The La Crosse Area Family YMCA's early childhood center is dedicated to improving not only the health of the children they work with but also their families. The YMCA promotes health through community gardens, incorporating fresh fruits and vegetables twice daily in meals and snacks, limiting canned fruits and vegetables and trans fats in foods, and banning sugary snacks during celebrations.

The YMCA publishes a monthly newsletter for families, featuring a different health theme every month. Each newsletter includes fact sheets, tips for making healthy changes at home, and activities for families to do together to reinforce the lesson. One month the newsletter encouraged families to have a scavenger hunt in their home to identify healthy and unhealthy foods.

Early childcare educators also document the health-themed activities they do every week and post pictures of the activities for parents to see. Recently, while children painted with broccoli, they discussed the benefits of eating fruits and vegetables. Their paintings were posted outside the classroom, encouraging parents to talk with their children about both the activity and the lesson.

Of course, one of the best ways to get parents involved is to have children carry the messages home. After the children discussed fast versus slow foods, a parent shared, "We were at [a fast food restaurant] and my child yelled at me because I chose unhealthy fries instead of apples!" By including families in their health curricula, the YMCA aims to take obesity prevention to another level.

– Jennie Melde,
LaCrosse Area Family YMCA,
Lacrosse