

# HEALTH IMPACT STATEMENT

## Promoting a Healthy Environment for Young Children through ECE Wellness Guidelines (Domain 2 / Strategy 2)

### PROBLEM DESCRIPTION

Childhood obesity is a global epidemic that presents a major public health challenge. In Hawaii, approximately 30% of kindergartners and 28% of high school students are overweight or obese [1, 2]. Obesity early in life has been found to increase the risk for serious health problems in adulthood, including diabetes and heart disease. In order to prevent these conditions, it is critical to target obesity prevention efforts at young children. Early childhood care and education (ECE) settings are ideal locations to focus obesity prevention initiatives as most young children in Hawaii spend time in care outside of their home and can be reached through ECE programs and policies. During the first several years of life, children develop taste preferences and learn fine and gross motor skills. This provides a window of opportunity to influence children's lifelong behaviors. Risk factors such as sedentary behavior, physical activity, and diet are key components in combating obesity. ECE providers play an integral role in supporting children's health and development as they directly impact what children eat, how much they play, and what skills they learn.

Until 2014, Hawaii was one of the few states without a coordinated state-funded preschool program. Hawaii's fragmented system of ECE programs meant that multiple state agencies and stakeholders often worked independently. In 2012, Hawaii's Executive Office on Early Learning launched the Early Childhood Action Strategy (Action Strategies) to help improve the coordination of public and private resources to support young children. Recognizing the need to ensure the healthy development of young children, Action Strategies established a team for on-track health and development. In 2014, the DOH Healthy Hawaii Initiative joined this team and took the lead in creating the wellness guidelines for ECE settings in Hawaii.

### INTERVENTION

The intervention focused on four main activities: (1) organizing stakeholder meetings, (2) assessing current best practices in the ECE setting, (3) developing new wellness guidelines for physical activity and nutrition, and (4) providing professional development workshops for ECE providers.

- 1) The Action Strategies team hosted monthly meetings with stakeholders to help bridge gaps and share resources. This initial step was necessary to build a more cohesive and integrated system that would reach a greater number of children and ECE providers. In addition to the Action Strategies meetings, the DOH hosted "Wellness in ECE" meetings with stakeholders based on the CDC's Spectrum of Opportunities framework in August 2017 and February 2018.
- 2) A survey was distributed at the annual Hawaii Association for the Education of Young Children (HAEYC) conference in 2015 (n=473) and 2017 (n=444). This is the largest conference for ECE providers in Hawaii and a good opportunity to gather feedback from around the state. The survey included questions from the Let's Move Child Care Checklist (LMCC) to assess implementation levels for 15 best practices in nutrition and physical activity, 9 of which relate directly to nutrition practices. The goal of the survey was to gain a better understanding of current practices and to identify where further support was needed. The 2015 baseline data was an important resource because there was very little available data regarding ECE provider practices in Hawaii.
- 3) The primary focus of the intervention was to create local wellness guidelines for ECE settings to help address the increasing problem of childhood obesity and improve the quality of care overall. Using data from the 2015 survey and cross-referencing national and local sources, draft wellness guidelines were developed. In 2016, an online survey was distributed to content area specialists who were invited to share their expertise and feedback on the draft guidelines. More than 19 stakeholder organizations participated in this collaborative process.

Hawaii's new ECE wellness guidelines consist of 7 overarching guidelines and 82 best practices. Four of these guidelines focus on nutrition: infant feeding, nutritious foods & beverages, nutrition learning experiences, and nutrition environment. Among the 53 nutrition-related best practices are specific recommendations to address sodium. *Wellness Guidelines for Nutrition and Physical Activity in Hawaii's Early Care and Education Settings* was launched in August 2017 and a booklet developed using CDC and SNAP-Ed funds was distributed to ECE providers at the HAEYC conference in October 2017. The booklet is posted online for public access at <http://hawaiiactionstrategy.org/wp-content/uploads/2015/03/Wellness-Guidelines-Broch-Web.pdf>.

- 4) Professional development was provided on the wellness guidelines so that ECE providers had increased awareness and ability to implement best practices for nutrition. Multiple training events were offered around the state from 2016-2018 with CDC funds contributing to travel for trainers and participants on neighbor islands. Nutrition workshops were conducted in collaboration with the state agency for the Child and Adult Care Food Program, University of Hawaii Nutrition Education for Wellness, People Attentive to Children (PATCH), Learning to Grow, HAEYC, and the Hawaii Farm to School Hui. There were a total of 18 ECE nutrition workshops delivered to 321 participants from family child care homes, centers, Department of Education public preschools, and support organizations.

## HEALTH IMPACT



In the past three years, there has been significant improvement in communication and collaboration among ECE providers and organizations helping to raise awareness of healthy practices for young children in Hawaii. When assessing changes over time, 14 out of the 15 LMCC best practices showed an increase in implementation between 2015 and 2017. This included all 9 of the nutrition practices. The three largest increases in implementation that were related to nutrition were providing breastfeeding mothers access to a private room (64.7% to 75.3%), providing fries, tater tots, hash browns, potato chips, or other fried or pre-fried potatoes no more than once a month (68.4% to 73.4%), and serving a fruit and/or a vegetable at every meal (85.0% to 89.9%). Survey results from 2017 show that the highest areas of implementation for LMCC nutrition practices are providing drinking water for self-serve (93.5%), serving 1% or skim/non-fat milk (93.1%), and never offering sugary drinks (91.2%). Areas that continue to need improvement are providing private rooms for breastfeeding mothers (75.3%), limiting fried foods to no more than once a month (72.1%), and serving food family style (71.8%). Results also showed that ECE providers on Oahu were more likely to implement best practices when compared to neighbor islands.

ECE providers who adopt and implement the wellness guidelines have the ability to improve nutrition environments for children under age 6 receiving care outside the home in Hawaii. The next steps will be to develop a self-assessment tool and recognition program to encourage ECE providers to implement the guidelines. Although the guidelines are not currently required for state licensing, this could be a future direction. This initiative demonstrates how multiple organizations can work together to address childhood obesity and support a healthy environment for young children.

### RESOURCES

1. Pobutsky, A, Bradbury, E, Reyes-Salvail, F, & Kishaba, G (2013). Overweight and Obesity Among Hawaii Children Aged 4 to 5 Years Enrolled in Public Schools in 2007-2008 and Comparison with a Similar 2002-2003 Cohort. *Hawaii Journal of Medicine & Public Health*, 72(7), 225-236.
2. Hawaii Health Data Warehouse, State of Hawaii, Hawaii School Health Survey: Youth Risk Behavior Survey (YRBS), 2017.

## HAWAII STATE DEPARTMENT OF HEALTH

Authors: Rebekah Rodericks, Jennifer Ryan, Lance Ching  
 1250 Punchbowl Street, Honolulu, HI 96813  
 T: (808) 586-5491  
 E: ariana.lospinoso@doh.hawaii.gov



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