Healthy Eating & Physical Activity Interventions in Family Child Care

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Nemours Children's Health System

- Internationally recognized children's health system
  - Children's hospitals in Wilmington DE and Orlando FL
  - Pediatric primary and specialty care in the Delaware Valley (DE, MD, PA, NJ) and North Central Florida
- Offers pediatric clinical care, research, education, advocacy and prevention programs

Nemours National Office

- Nemours National Office of Policy and Prevention promotes optimal health and well-being for all children
  - Areas of focus are early childhood (birth to five), population health, and Medicaid support of prevention
- Advocate for federal policy change and to identify, promote and grow innovative practice and population-level solutions across the nation
  - Advance whole child approaches to pediatric clinical care
  - Community-based prevention efforts to positively impact children's health and well-being and accelerate systems change

Nemours & Early Care & Education

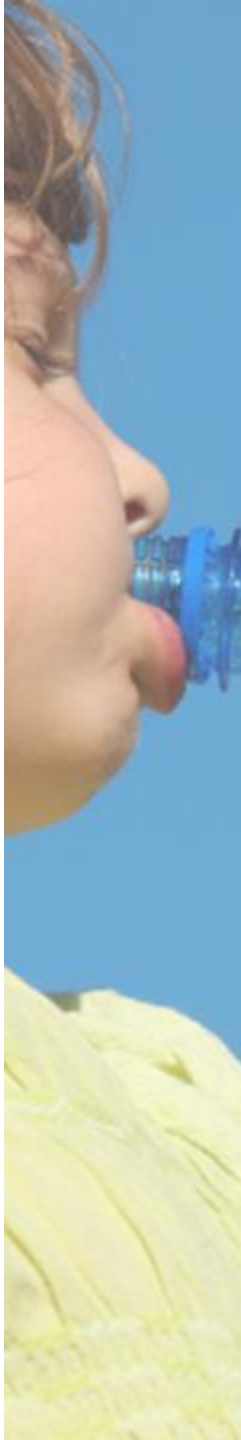
Includes the following initiatives and funders:

- National Early Care & Education Learning Collaboratives
  - Center for Disease Control and Prevention
  - David & Lucile Packard Foundation
  - General Mills Foundation
  - Florida Department of Health
- Healthy Way to Grow (with American Heart Association)
  - McGOWAN Foundation
  - Monsanto0
- Healthy Kids, Healthy Future (formerly Let's Move Child Care)
- Robert Wood Johnson Foundation
- DHHS/ACF National Center on Early Childhood Health and Wellness

Agenda

- Family Child Care (FCC) Definition for This Discussion
- Nemours Efforts with FCC
- Challenges and Opportunities with HEPA in FCC
- Reflections

Please join: FCC Workgroup as part of the NAS Roundatble on Obesity Prevention, Early Childhood Innovation Collaborative




Family Child Care
Definition for This
Discussion

How are we defining FCC (Today)?

- Out-of-home care in someone else's home
- Homeowner is caregiver, may or may not have staff
- Small groups of children
- Licensed and unlicensed, legal and unregulated
- Paid and unpaid

"Unpaid, unlisted home-based providers cared for 4 million children not yet in kindergarten, while paid unlisted home-based providers cared for 2.3 million children, and listed home-based providers cared for 750,000" (*Who Is Providing Home-Based Early Care and Education?*, NSECE Factsheet, April 2015).

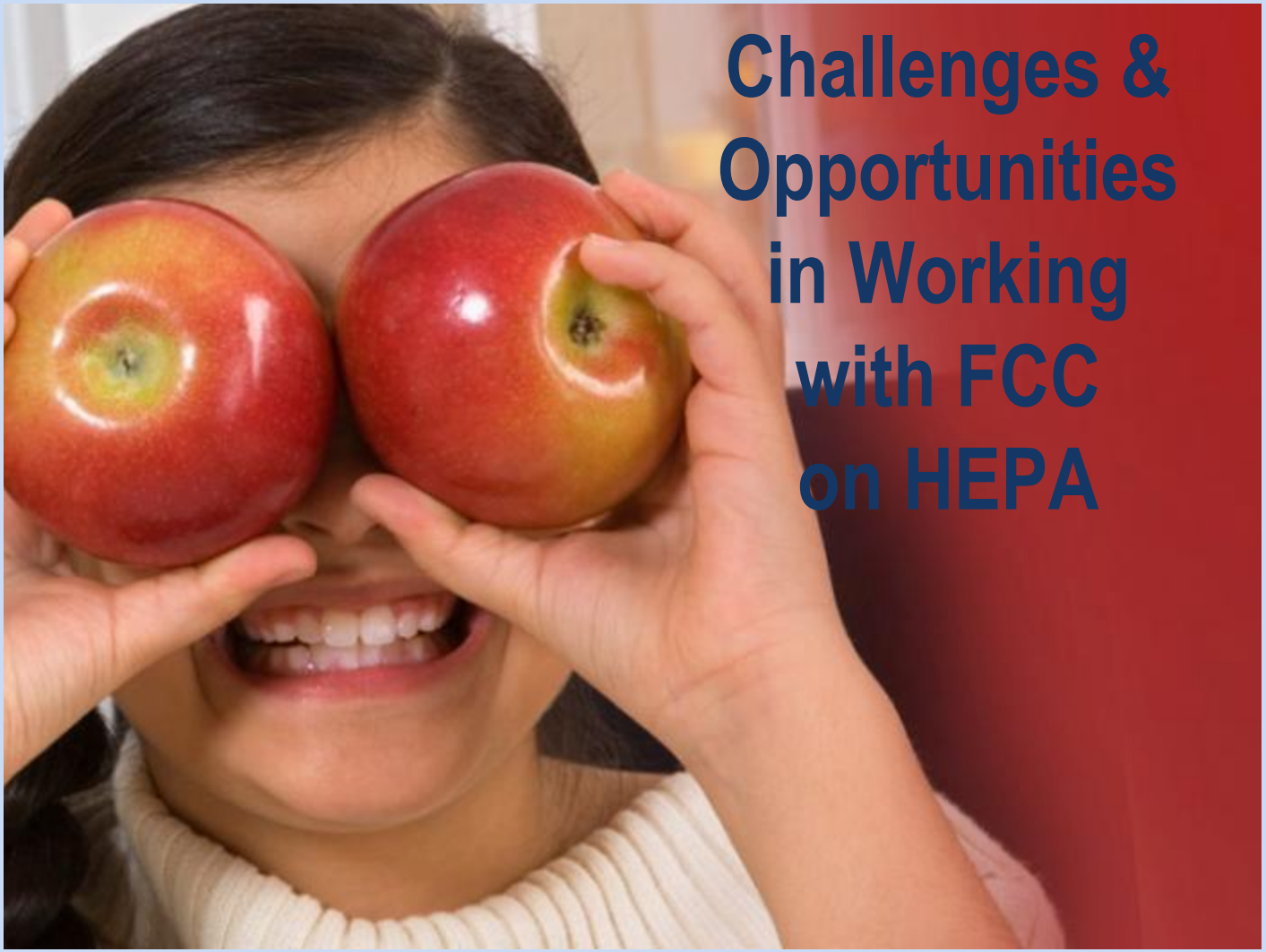
Nemours Efforts with FCC

1. Ntl Early Care & Education Learning Collaborative (CDC funded)

- Developed FCC approach in Kansas, initial curriculum created
- Piloted again with CoCo Kids (CACFP Sponsor) in Contra Cost Costa County, CA (funded by Packard Foundation), curriculum finalized
- Currently FCC providers in Virginia, Missouri, Alabama are included in learning collaboratives

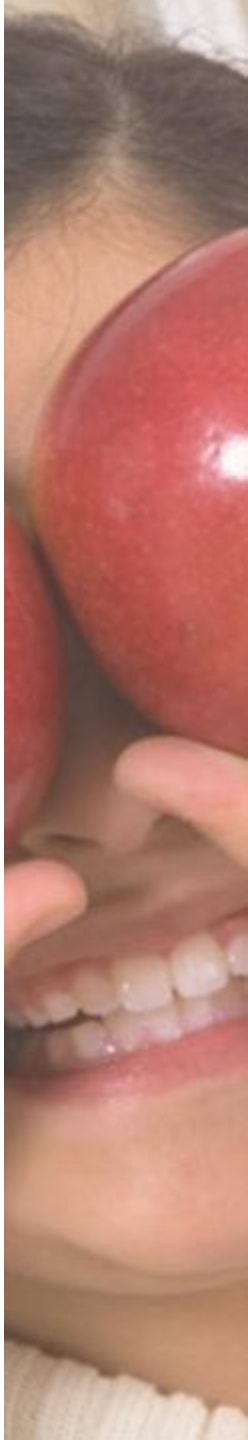
2. Developing statewide system for HEPA recognition (Ohio Healthy Programs) to include FCC providers (CDC funded)

3. CACFP Bi-Lingual Training Curriculum (funded by Packard Foundation) in San Diego CA


Challenges &
Opportunities
in Working
with FCC
on HEPA

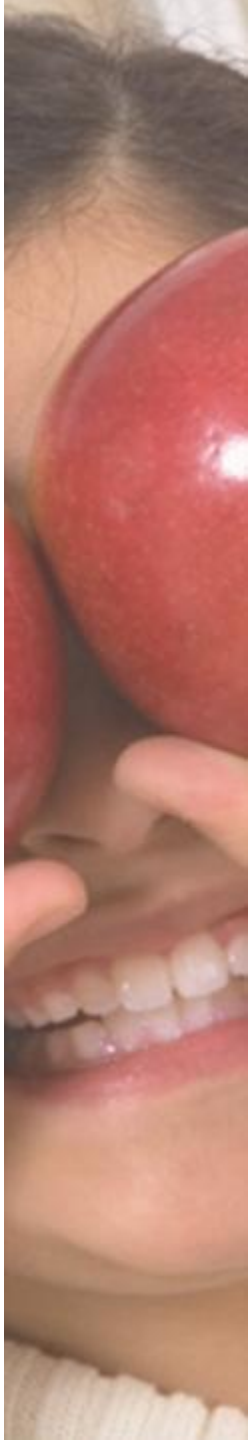
Challenges

- State variations in how many children in care before licensing is required. Unlicensed and unregulated FCC may have many health/safety more urgent than HEPA.
- CACFP participation requires working with a Sponsor Agency; often a positive relationship however and may be the only ‘monitor’ coming into a FCC home.
- Wary of outsiders coming into their home, relationship with TA providers takes time to build.
- Isolated with little/no support so difficult to do training, get outside for PA or plan.
- Physical environments (e.g. apartment, available furniture, kitchen sharing) can make modifications difficult.
- Rural providers are isolated from community supports.



Challenges (continued)

- Primary language may not be English.
- Serve small numbers of children.
- Food traditions and cooking practices.
- Providers often shop and prepare food for their family and their children at the same time – feeding the children what they feed their family.
- Maintaining the FCC business is critical (very low margins) so providers extremely worried about ‘loosing’ children.
- Providers themselves have health issues, poor eating habits, low physical activity.



Opportunities

- Care environment of choice for **infants and toddlers**, particularly low-income/ parents of color.
- **Relationships between providers and parents** is stronger and less ‘business like’. Providers are often family friends or referred by people they know.
- Providers are **eager for training and support** particularly if it involves meeting with their peers (other providers).
- Changes in environment, provider practices and policies only involves **one person (or a few).**

Opportunities (continued)

- **Changes in food** can impact the provider and their family immediately.
- Hours of care and **culture of prov**ider are conducive to family needs and food/feeding traditions.
- Willing **to try new things and experime**nt (e.g. fail quickly).
- Providers who stay in business for many years are likely to touch and **influence hundreds of children and families.**


Reflections

- How to integrate HEPA best practices support into other FCC training/technical assistance initiatives to avoid overwhelming them and having multiple people come into their home?
- How to integrate support for their FCC business and HEPA as a motivating factor.
- What are affordable approaches to supporting FCC given mileage, extra time needed for relationship building?
- How can we connect provider wellness and child based HEPA interventions?
- Do HEPA interventions with FCC ‘stick’ more because of the single provider?
- Do HEPA interventions in FCC impact children more because of the relationship with parents/providers?
- How do HEPA best practices look different in FCC (e.g. family style dining)?

Questions / Discussion