

# Shape NC: Healthy Starts for Young Children



## **Eat Smart Move More Leadership Team Meeting December 7, 2012**

# Shape NC: Healthy Starts for Young Children



## The Shape NC Initiative An Integrated Model

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# Presentation Objectives

## Participants will gain understanding regarding:

- The Shape NC Initiative as an integrated model
- Evaluation Findings
- Best Practices and Challenges in Nutrition in Child Care Settings (NAPSACC)
- Best Practices and Challenges in Physical Activity in Child Care Settings (Be Active Kids<sup>®</sup>)
- Best Practices and Challenges in Natural Outdoor Learning Environments in Child Care Settings (NLI)

# Investment

Over the years, the Blue Cross and Blue Shield of North Carolina Foundation has invested in stand-alone programs to prevent and reduce obesity in child care settings.

Shape NC uses the Smart Start network to integrate these successful programs into a comprehensive sustainable model.

# Smart Start Network

- Smart Start is a network of independent, nonprofit local partnerships led by the North Carolina Partnership for Children (NCPC) at the state level.
- Local Partnerships convene stakeholder teams to mobilize communities to adopt healthier lifestyles.
- Local partnerships use their network of technical assistance providers to improve quality in child care centers. Thanks to Shape NC's improvements are also being made in health practices and policies.

# An Integrated Model

<b>NAPSACC: Nutrition and Physical Activity Self Assessment in Child Care</b>	<b>POD: Preventing Obesity by Design</b>	<b>Be Active Kids<sup>®</sup></b>
Targets child care policy, practice and environmental influences on nutrition and physical activity behaviors in young children	Aimed at reversing the trend toward childhood obesity by improving outdoor environmental diversity of childcare centers.	Focused on providing physical activity support and resources to individuals caring for young children in North Carolina.

# An Integrated Model

- In order to support integration of the models, Shape NC developed an that integrates best practices from NAPSACC, POD and Be Active Kids into a single Assessement Tool.
- The Shape NC Assessment Tool was built on the evidence-based success of the original NAPSACC Assessment.
- The original NAPSACC Assessment contained 57 best practices measures. The Shape NC Assessment expands and modifies many of the original measures.

# An Integrated Model

There are 87 best practice measures in the Shape NC Assessment covering these areas:

- Active Play (15)
- Outdoor Learning (18)
- Screen Time (10)
- Foods (31)
- Beverages (12)



# Site Selection

Local Smart Start Partnerships apply to participate in the project through a competitive RFP process. Three RFPs will be issued over the 3-year grant period.

- Year One: Eight Sites\*
- Year Two: Ten Sites
- Year Three: One or Two Sites (Eastern NC)

*\* A site includes a local Smart Start Partnership and a local child care center*

# Shape NC Sites

## Shape NC

Participating Local Partnerships • Model Early Learning Center (MELC) Locations • Hub Specialist-MELC Links

### West

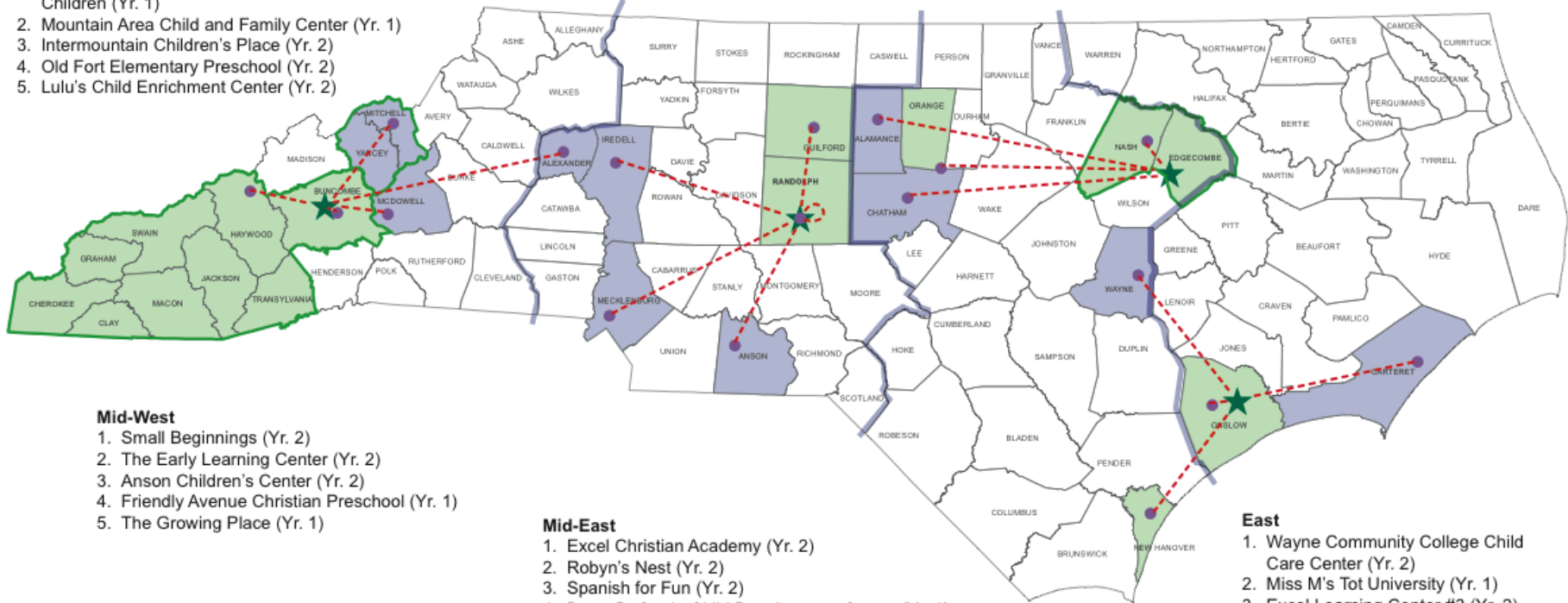
1. Regional Center for the Advancement of Children (Yr. 1)
2. Mountain Area Child and Family Center (Yr. 1)
3. Intermountain Children's Place (Yr. 2)
4. Old Fort Elementary Preschool (Yr. 2)
5. Lulu's Child Enrichment Center (Yr. 2)

### West Hub

### Mid-West Hub

### Mid-East Hub

### East Hub



### Mid-West

1. Small Beginnings (Yr. 2)
2. The Early Learning Center (Yr. 2)
3. Anson Children's Center (Yr. 2)
4. Friendly Avenue Christian Preschool (Yr. 1)
5. The Growing Place (Yr. 1)

### Mid-East

1. Excel Christian Academy (Yr. 2)
2. Robyn's Nest (Yr. 2)
3. Spanish for Fun (Yr. 2)
4. Betsy B. Currin Child Development Center (Yr. 1)

### East

1. Wayne Community College Child Care Center (Yr. 2)
2. Miss M's Tot University (Yr. 1)
3. Excel Learning Center #3 (Yr. 2)
4. Total Child Care, Inc. (Yr. 1)

- ★ Shape NC Hub Specialist
- Hub Specialist-MELC Links
- Shape NC Model Early Learning Center (MELC)

- Shape NC Cohort One
- Shape NC Cohort Two
- Multi-County Partnerships

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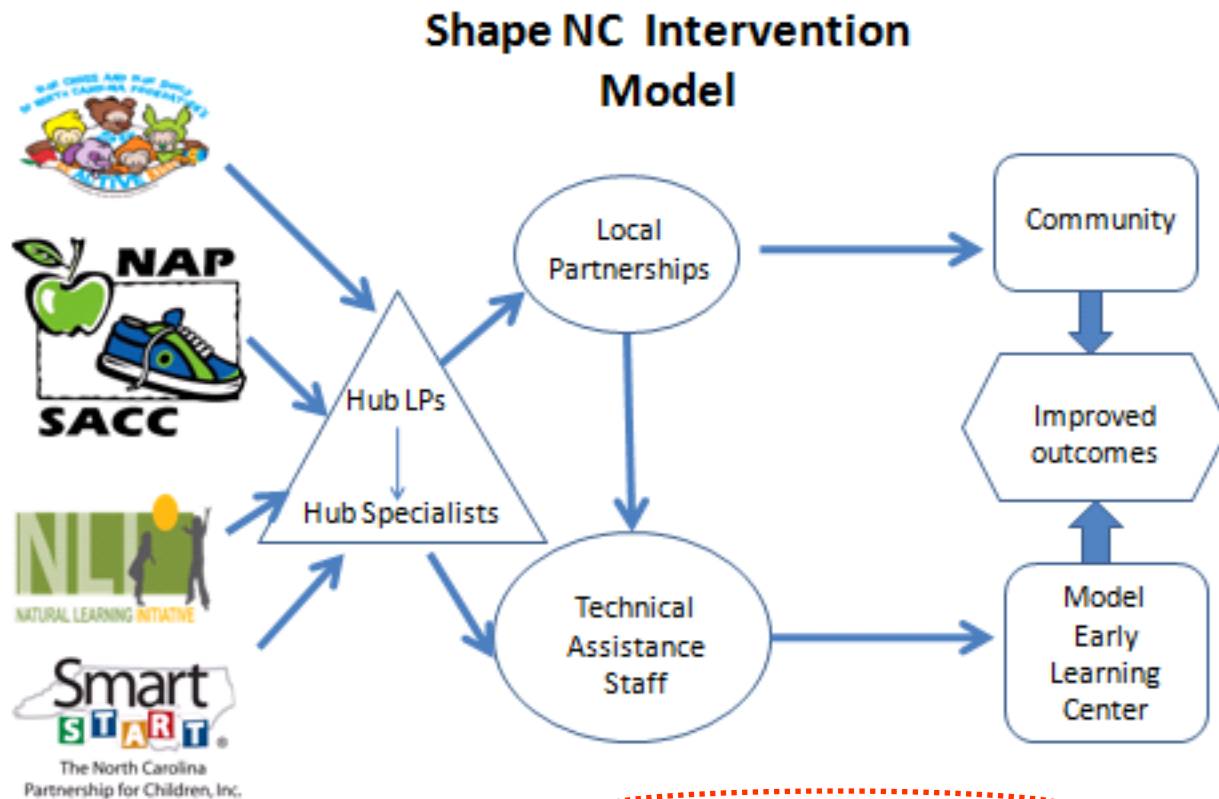


# Mid Course Check-In

The Decision Was Made to Slow Expansion in Year Three in Order to:

- Better define the model and integration.
- Support deeper penetration in existing Shape NC counties, including child care centers and Smart Start Local Partnerships' communities.
- Prioritize expansion into one or two of the neediest communities in Eastern North Carolina in the Race to the Top Transformation Zone.
- Address sustainability

# An Integrated Model



**UNDER REVISION**

# Shape NC: Healthy Starts for Young Children



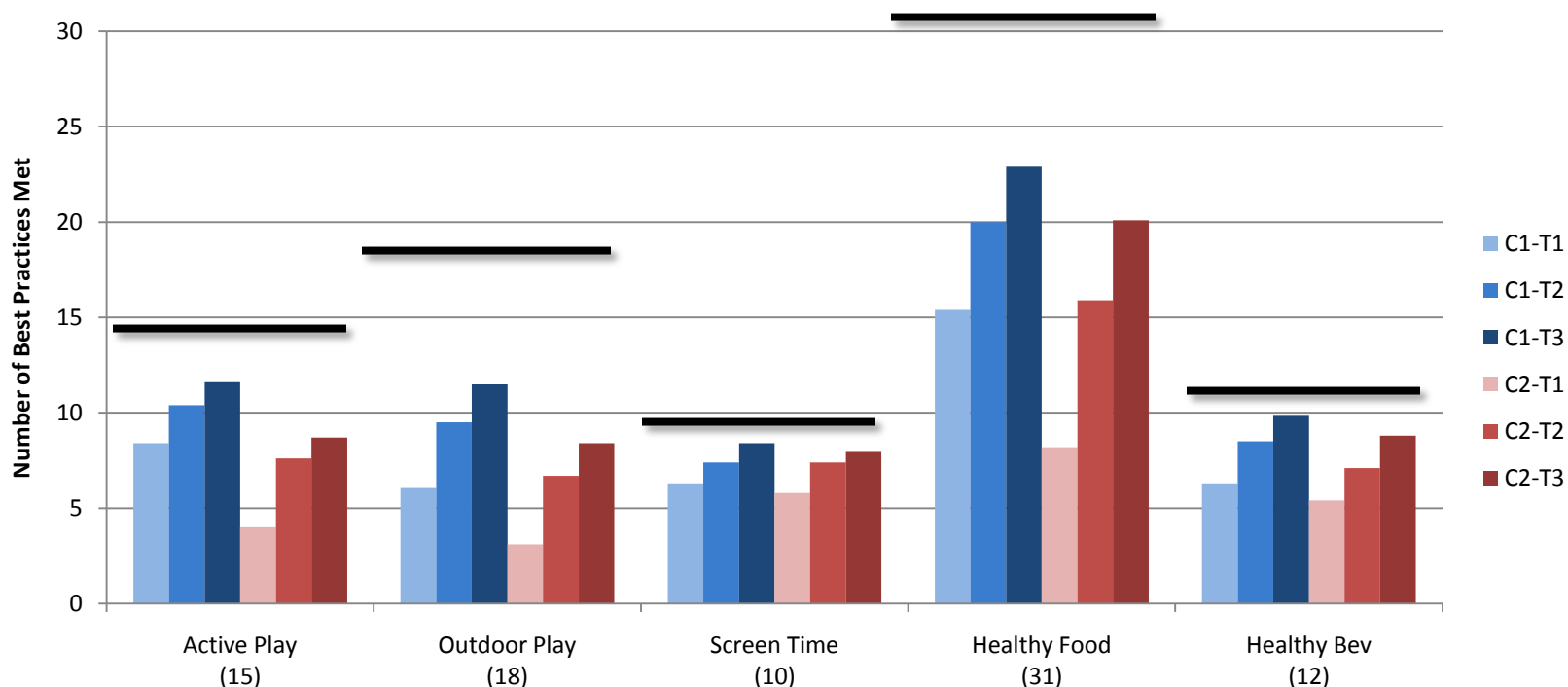
## Shape NC Evaluation Results

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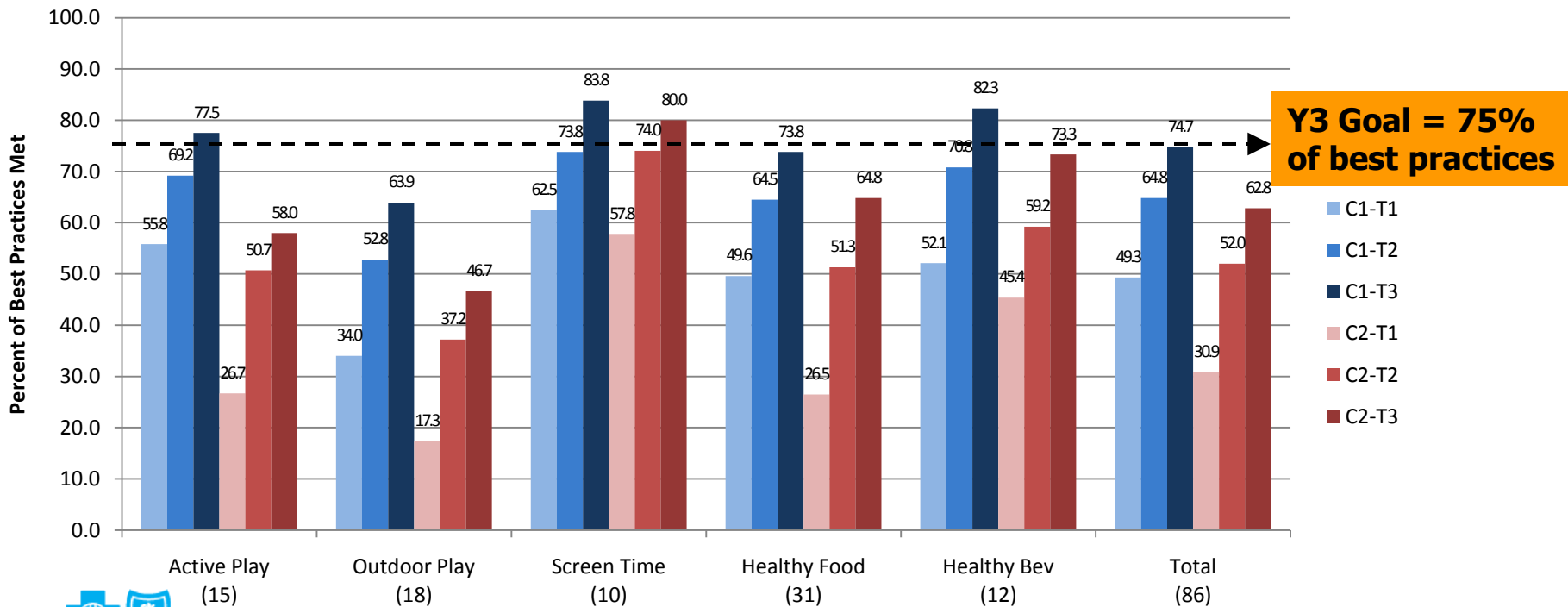
# Evaluation Results

- ★ Centers are meeting on average 59 of the 86 best practices
- ★ Over the past year, centers have adopted 25 *additional* best practices



# Evaluation Results

★Centers met an average of 39.5% of best practices at time 1, but now meet 68.1% of best practices



# Evaluation Results

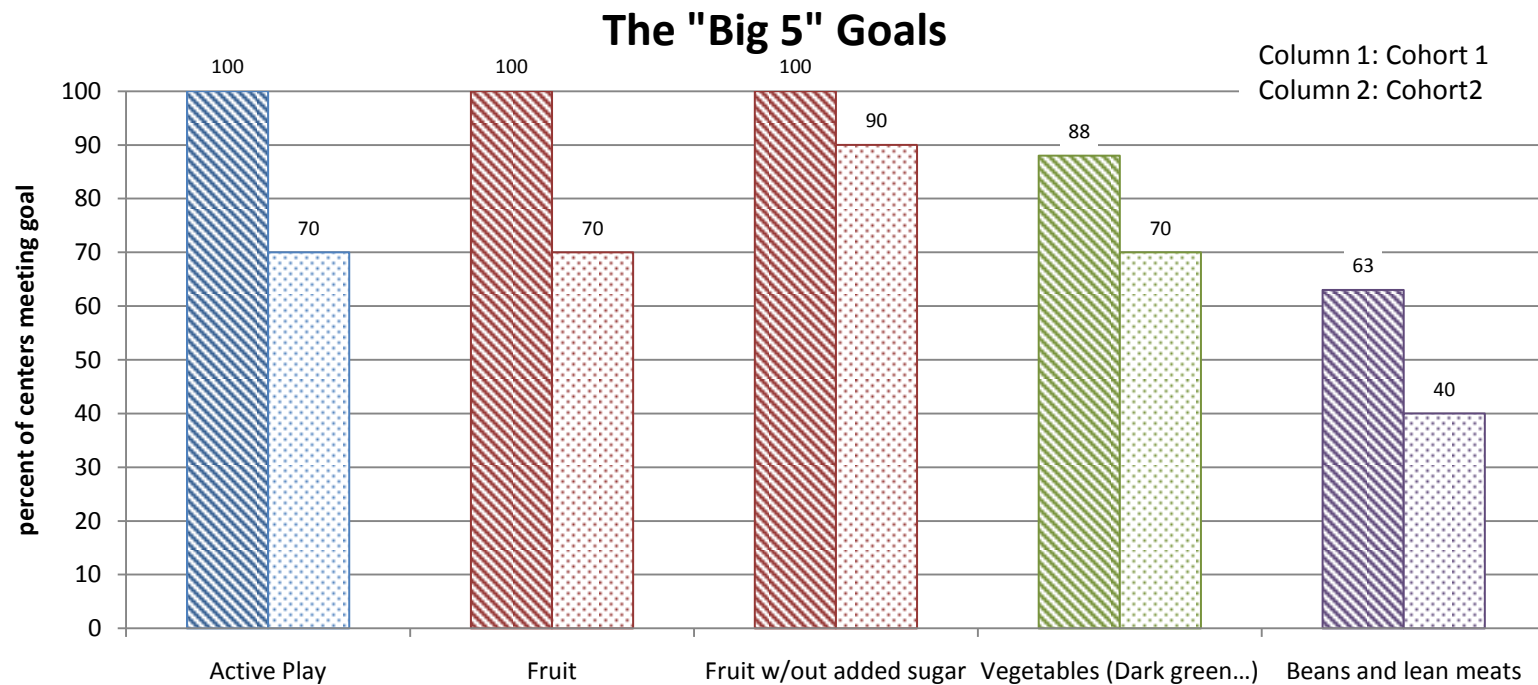
## *Weight and Demographic Characteristics of Children*

	Sept 2011	June 2012	Sept 2012
<b># of children</b>	n=252	n=273	n=291
<b>% normal weight</b>	65.7%	67.6%	61.6%
<b>BMI</b>	16.6	16.5	16.6
<b>BMI %ile</b>	64.8%	63.4%	66.5%
<b>BMI z-score</b>	0.60	0.52	0.63
<b>Race/ethnicity</b>			
<b>% White</b>	63.5%	59.3%	57.6%
<b>% African American</b>	19.8%	21.2%	26.2%
<b>% Hispanic</b>	11.1%	13.9%	9.7%
<b>Enrolled at center only 6 months or less</b>	59.7%	18.8%	54.6%

Neither cross-sectional or cohort analysis showed significant changes in child weight. There does appear to be a trend for having more normal weight children in June 2012, when most children have been at the center for at least 6 months.



# Evaluation Results



# Shape NC: Healthy Starts for Young Children



## Best Practices and Challenges in Nutrition in Child Care Settings

*Dianne Stanton Ward, Ed.D.  
Department of Nutrition  
Gillings School of Global Public Health  
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# Child Care Enrollment

- In the US, it is estimated that more than 50% of children between the ages of 2-5 are in center-based child care.
- Many eat 3 or more of their daily meals and snacks at the child care facility



# Key Nutrition Areas

- Fruits and Vegetables
- Meats, Fats, and Grains
- Beverages
- Feeding Practices
- Foods Outside of Meals and Snacks
- Providers Behavior Regarding Foods
- Education Regarding Foods and Beverages
- Center-level Food Policies



# Important Food Targets

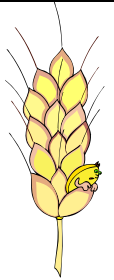
## Fruits and Vegetables

- Offer fruit (not juice) at least 2 times a day.
- Offer vegetables (not French fries, tator tots, hash browns or dried beans) at least 2 per day.
- Prepare cooked vegetables without added meat fat, margarine or butter.



## Meats, Fats & Grains

- No fried or pre-fried potatoes, meats or fish
- Offer high-fat meats less than once a week.
- Offer high fiber, whole grain foods 2 or more times per day.
- Offer sweets or salty foods less than once a week.



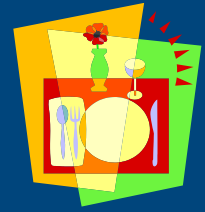


# Beverage Targets

## Beverages

- Have drinking water visible and available for self-serve both indoors and outdoors.
- Prompt children to drink water all of the time.
- Offer 100% fruit juice, but no more than 4-6 oz per day; parents are encouraged to support this limit.
- Never offer sugary drinks.
- Serve skim or 1% milk to children over 2 years.
- Never offer flavored milk to children.
- Locate soda and other vending machines off-site.

# Staff Behavior



## Providers:

- Help children determine if they are still hungry before serving additional food.
- Help children determine if they are full before removing their plate.
- Gently and positively encourage children to try a new or less favorite food.
- Rarely or never use food to encourage positive behavior.



# Staff Behaviors

## Providers:

- Join children at the table for meals and consume the same food and drinks.
- Rarely or never eat less healthy foods in front of the children.
- Talk with children about trying and enjoying healthy foods.
- Teach children about healthy foods and the pleasure of eating using both formal and informal times.



# Select Food Policies

## Service, Menus and Variety

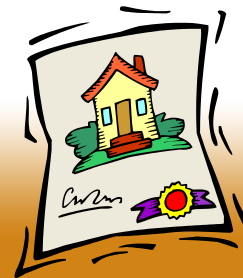
- Children's meals are served family style.
- Use a cycle menu of 3 weeks or greater that changes with the seasons.
- Include a combination of new and familiar foods on weekly menus.
- Include foods from a variety of cultures on weekly menus.



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## Foods Outside of Regular Meals and Snacks

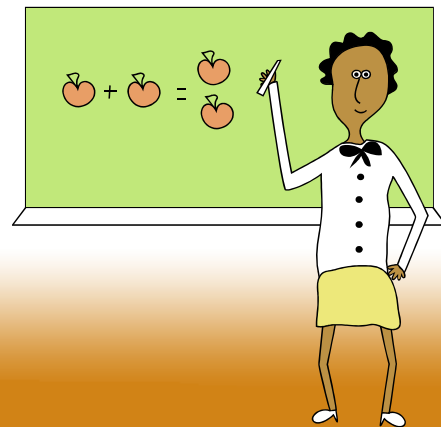
- Provide and enforce written guidelines for healthier food brought in and served for holidays and celebrations.
- Celebrate holidays with mostly healthy foods and non-food treats.
- Fundraising should consist of selling non-food items only.



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# Training and Education

- Provide training and/or professional development on nutrition opportunities (other than food safety and food program guidelines) for providers 2x per year or more.
- Provide nutrition education for children through a standardized curriculum 1x per week or more.
- Offer nutrition education opportunities to parents regularly, 2x per year or more.



# Shape NC: Healthy Starts for Young Children



## Best Practices and Challenges in Physical Activity in Child Care Settings

*Richard Rairigh*  
*Director of Be Active Kids®*  
*[richard@beactivekids.org](mailto:richard@beactivekids.org)*

# Physical Activity Best Practices

## 1. Time for Active Play

- A. Active play time (indoor and outdoor) is provided to all children, including children with special needs more than 120 minutes each day
- B. Structured (or teacher-led) physical activities are provided to all children, including children with special needs 2 or more times per day
- C. Outdoor active play time is provided to all children, including children with special needs at least 2 times or more per day, for a total of 60 minutes or more
- D. Children go outside on a daily basis in all seasons 2 or more times each day for a total of 60 minutes or more
- E. During a typical day, excluding naps and meals, children are expected to remain seated no more than 15 minutes at a time

# Physical Activity Best Practices

## 2. Active Play Environment - Indoors

- A. Indoor gross motor play areas for children, including those with special needs, consists of ample space for all activities, including running
- B. Indoor portable play equipment (e.g., balls, hoops, ribbons, wheel toys) consists of lots of variety for children to use at the same time
- C. Support for physical activity is visibly displayed in classrooms and common areas by posters, pictures, or books about physical activity are displayed in every room

# Physical Activity Best Practices

## 3. Outdoor Play and Learning Environment

- A. In your center's outdoor learning environment, how many play and learning settings are regularly available (e.g., arts/crafts area, balance beams, play house, music play area, seating, play equipment, tables, sand play, water play, woodwork benches, porch swing, swings, mounds/slopes (usable by children), area for pets (chickens, rabbits), etc.)? 10 settings or more
- B. In your center's outdoor learning environment, what kinds of paths are available for children to use wheeled toys in the outdoor learning environment? A curved looped or double looped path five feet wide that is connected to the buildings & settings
- C. Is there an open, grassy area for games, activities and events? There is a large grassy area, big enough for 25 or more children
- D. In your center's outdoor learning environment, how many different types of **natural** materials (e.g., smooth sticks, mulch, shells, pinecones, driftwood, dirt, leaves, acorns, large seeds, etc.) are available to support active play engagement?
- E. In your center's outdoor learning environment, how many different kinds of **toys** and materials (e.g., wheeled toys, blocks, balls, pieces of cloth or ribbons, skipping rope, hoses, sand toys, water toys, rings/hula hoops, chalk, etc.) are available to support active play engagement?
- F. In your center's outdoor learning environment, which of the following physical activities and gross motor development activities are supported?

# Physical Activity Best Practices

## 4. Provider Behaviors Regarding Active Play and Outdoor Learning

- A. Active play time is never withheld for misbehavior and we have a written policy
- B. During children's active play time, providers often encourage children to be active and join children in active play
- C. Providers help children prepare for outdoor play by talking with children about the weather, discussing potential outdoor activities, helping them dress suitably for hot or cold weather (e.g., coats/ jackets, mittens/ gloves, boots, warm/sun hat), and applying sunscreen
- D. Providers extend learning about outdoors by taking field trips to explore outdoor environments such as a park, farm, garden, or farmers' market regularly, 2 or more times per year

# Physical Activity Best Practices

## 5. Education Regarding Active Play

- A. Training and/or professional development opportunities in physical activity for children (not including playground safety) are offered to providers 2 times per year or more
- B. Training and/or professional development opportunities about how to enhance children's outdoor play and learning (e.g., books, websites, continuing education, workshops, field visits, other resources) are offered to providers 2 times per year or more
- C. Parents are offered education on physical activity and outdoor play in nature (e.g., special programs, newsletters, information sheets) Regularly, 2 or more times per year
- D. Providers encourage families to participate in outdoor activities (e.g., outdoor field trips, picnics, planting a garden) Regularly, 2 or more times per year
- E. Providers educate and communicate



# Physical Activity Best Practices

## 6. Policy Regarding Active Play

- A. At our child care facility, a policy on physical activity for children addressing provider behaviors, education, and indoor and outdoor active play opportunities is written, available, followed, and always shared with parents

# Be Active Kids®



**Be Active Kids®** is a signature program of the Blue Cross and Blue Shield of North Carolina Foundation.

- Providing **physical activity** and nutrition related support and resources to individuals caring for young children in North Carolina since 1999.
- Lead by Richard Rairigh and Meredith Dolan.

# Projects Aligned with Shape NC:

- Provided Be Active Kids training, conducted site visits, and provided technical assistance to over [18 locations](#)
- Conducted 1<sup>st</sup> Annual Early Childhood Physical Activity Institute training [11 specialist](#)
- Created physical activity and play learning module and related trainings
- Worked with centers to evaluate new Be Active Kids curriculum with FPG
- Participated in workgroups, planning sessions, and more.



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# Site Visits





# ECPAI

