Head Start “I am Moving, I am Learning” Obesity Prevention Program and Implementation Evaluation

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Why Obesity Prevention in Head Start?

• Efforts to prevent obesity should begin early in life.
• Prevalence of obesity has increased among preschoolers.
• Disparity among racial/ethnic groups in prevalence of obesity in adults.
• Highest rates of obesity occur among population groups with the highest poverty rates.
Why Obesity Prevention in Head Start?

• Prevalence of obesity in the Head Start population likely between 15 and 20 percent of enrolled children.

• Head Start, with its almost one million low-income preschool children from diverse racial/ethnic backgrounds an ideal setting for developing and implementing obesity prevention efforts.
Creation of IM/IL

• FY 2005 Region III initiated a pilot project in 17 Head Start programs
• Created under the leadership of
  • Nancy Elmore, Head Start Program Manager, Region III,
  • Amy Requa, Pediatric Nurse Practitioner and Region III TA Health specialist, and
  • Dr. Linda Carson, Director of the West Virginia Motor Development Center, West Virginia University.
• Fits within the Head Start Performance Standards and the Head Start Child Outcomes Framework
What is IM/IL?

• IM/IL is an approach that:
  1. Reinforces the importance of the mind-body connection and the relationship between physical fitness and early learning.
  2. Provides strategies and resources for infusing quality physical movement and healthy nutrition choices within their familiar curriculum approaches and daily classroom routines.
Goals for
*I am Moving, I am Learning*

• Goal 1: Increase the quantity of time spent in moderate to vigorous physical activity (MVPA) during the daily routine to meet national guidelines for physical activity

• Goal 2 – Improve the quality of structured movement experiences intentionally facilitated by teachers and adults.

• Goal 3 – Improve healthy nutrition choices for children every day.
Goal #1

M-V-P-A Everyday

Moderate to Vigorous Physical Activity

I am moving. I am learning.
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Goal #2

Improve Quality of Structured Movement Activities Intentionally Facilitated by Adults
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- Goal 3 – Improve healthy nutrition choices for children every day.
Goal #3
Promote Healthy Food Choices Each Day
IM/IL Training

• Train-the-trainer model
• 2½ days
• Interactive – learning by doing
• Workshop content
  • “Body Language – A Movement Vocabulary for Young Children”
  • “Moving with the Brain in Mind”
  • “MVPA Everyday”
  • “Nutrition Building Blocks”
  • “Program Planning Tools”
• Character role model
Choose Healthy Options
Often Start Young or Yesterday!!

I am moving I am learning"
IM/IL Trained Head Start Grantees

- 17 pilot project programs - VA, WV (FY 2005)
  - 88 classrooms targeted, 850 staff trained
- Region 3 Expansion (FY 2006)
  - 110 + programs in PA, MD, DE, DC, VA, WV
- National Expansion (FY 2007) - Training already delivered in Regions 1, 4, 9
  - Scheduled: Region 2, 5, 6, 7, 8, 10
Implementation Evaluation

• In the spring of 2006, 3 separate trainings were held for 52 Head Start programs

• What do programs do when they return home from the IMIL training?
BASIC LOGIC MODEL FOR IM/IL ENHANCEMENTS

**Behavioral Goals**
- **Goal 1**
  - Increase Moderate to Vigorous Physical Activity (MVPA)
- **Goal 2**
  - Improve Quality of Structured Movement
- **Goal 3**
  - Improve Food Choices

**Implementation Strategies**
- **Assessment**
  - Select behavioral goals
  - Create assessment tools
  - Assess family priorities
  - Assess staff priorities
  - Assess TA resources
  - Assess staff capacity
  - Assess community resources

**Program Enhancements**
- **Children**
  - Structured games/dance to increase MVPA
  - Tracking height and weight
  - Activities to reinforce/reward healthy eating and MVPA
- **Parents and Families**
  - Involve parents to promote MVPA
  - Invite parent classroom volunteers for MVPA
  - Help parents monitor their own behavior
- **Staff**
  - Promote workplace physical activity
  - Promote healthy eating
- **Community Members**
  - Partner with universities, cooperative extension, parks and recreation
  - Create community playground/recreation space
  - Sponsor increased community access to healthy foods

**Intermediate Outcomes**
- **Primary Outcome**
  - Maintain Healthy Weight
- **Alternative Outcome**
  - Improve gross motor development
  - Improve strength, stamina, and flexibility

**Child Outcomes**
- **Primary Outcome**
  - Maintain Healthy Weight
- **Alternative Outcome**
  - Improve gross motor development
  - Improve strength, stamina, and flexibility

**Contextual Factors**
- **Child**
  - Age/sex
  - Developmental disabilities
  - Special health care needs
- **Parents/Family**
  - Attitudes/beliefs/knowledge
  - Cultural identity
  - Household structure
- **Program/Staff**
  - Attitudes/beliefs/knowledge
  - Program size
  - Program location
- **Community**
  - Safety/crime
  - Access to healthy food
  - Transportation
Research questions

• What is the theory of change employed by the Head Start programs using IM/IL?
• How do programs translate the train-the-trainer model into the implementation of IM/IL?
• What are the requirements for sustainability of IM/IL throughout the year?
• What challenges and/or supports the implementation of IM/IL in Head Start programs?
• What determinants are associated with program implementation of enhancements in the classroom and/or with parents and families?
• Given the current implementation process, what outcomes and goals of the IM/IL program might be assessed across sites?
Pre Stage I

• Review of Program Information Report (PIR) data
• How do programs that attended spring 2006 training compare with other programs in Region III
Stage 1

- Mailed survey to Head Start programs that participated in spring 2006 trainings
- Reviewed by experts in the field and former Head Start Director
- 20 minutes to complete
- Endorsement letters from Channell Wilkins, Director of the Office of Head Start and Nancy Elmore, Office of Head Start Region III Program Manager
- Follow-up calls
- Response rate 94%
Stage II

• Telephone interviews
  1. Senior managers responsible for IM/IL implementation (1 hour)
  2. Two teachers (30 minutes each)
• Two teachers included classroom staff and home visitors
• Purposeful sample of 30 programs
• High implementers and low implementers
Stage III

• To begin in fall 2007
• Site visits to 16 programs
• Data sources
  – Interviews with IM/IL director and key staff such as health services manager, family service workers
  – Teacher/home visitor focus groups
  – Parent focus groups
  – Observation of classrooms
  – Document review (e.g., lesson plans, policies)
Research topics and Stages

1. Contexts across programs that affect implementation (I, II)
2. Participation in regional train-the-trainer training (I, II, III)
3. Implementation of site level training and theory of change (I, II, III)
4. Sustainability and internal/external resources (III)
5. Challenges and supports of implementation (I, II, III)
6. Measurable outcomes of implementation (III)
Current efforts
For further information

IM/IL Program
- 12 minute video about I Am Moving, I Am Learning on the Region III ACF website
- www.choosykids.com

Implementation Evaluation