

I am *moving* A Proactive Approach for Addressing
Childhood Obesity in Head Start Children



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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
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Goal #2

Improve Quality of Structured Movement Activities Intentionally Facilitated by Adults



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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

Character Role Model



Choose
Healthy
Options
Often
Start
Young or
Yesterday!!

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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

Capacity Building

- Utilize training and TA
- Acquire needed equipment
- Train staff
- Create community partnerships
- Communicate with parents
- Communicate with other programs
- Recruit volunteers

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

- Educate staff and parents
- Enhance curriculum
- Encourage children
- Model and reinforce target behaviors
- Practice target behaviors
- Observe and evaluate children's progress
- Observe and monitor teachers' behavior
- Observe and monitor curriculum/routines

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

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For further information

IM/IL Program

- 12 minute video about I Am Moving, I Am Learning on the Region III ACF website

<http://www.acf.hhs.gov/programs/region3/index.html>

- www.choosykids.com

Implementation Evaluation

- http://www.acf.hhs.gov/programs/opre/hs/eval_move_learn/index.html