



Environmental Scan of Physical Activity Practices and Resources in Washington, DC Child Care Centers

Executive Summary

The childhood obesity epidemic is affecting millions of U.S. children; their families; the institutions that serve them; the communities in which they live; and, to an alarming degree, the overall health of our nation. Child care settings offer strategic opportunities for obesity prevention. During recent work to review, update, and strengthen Child Development Facilities Regulations, which govern child care licensing and child care nutrition standards in Washington, DC, stakeholders identified the needs to

- Establish the baseline of obesity-related practices in Washington, DC's child development centers;
- Assess centers' readiness and capacity for improving nutrition, limiting screen time, and increasing structured and unstructured physical activity opportunities;
- Elicit child care provider perspectives on supports needed to successfully implement Child Development Facilities Regulations, Child and Adult Care Food Program nutrition guidelines, and other child care wellness policies; and
- Allow for the long-term evaluation of health-promoting policies.

Through its Childhood Obesity Prevention Mission Project (CHOMP), Altarum Institute partnered with DC Hunger Solutions (DCHS) to conduct environmental assessments of child care practices to

- Inform development of a meaningful and realistic District early childhood wellness policy,
- Inform development and provision of training to support child care providers' efforts to comply with new policies, and
- Inform efforts of other state or municipal agencies developing similar health-promoting child care policies.

DCHS analyzed the food and nutrition-related results of these assessments. Those results can be found at www.dchunger.org/pdf/envscan_nutrition_childdevcenters_promotewellness.pdf.

The methods and findings of the Altarum-led portions of the environmental assessments, which focused on physical activity-related practices of DC child development centers and their environmental supports, are detailed in this report. Data were collected from 26 child care centers operating in DC between July and October 2009. We assessed centers that varied by their participation in the federal Child and Adult Care Food Program (CACFP), the proportion of enrolled children eligible for child care subsidies, and the center's reimbursement tier in the District's Going for the Gold child care quality rating program.

Three assessments were conducted with each center: a questionnaire that was completed by each center director, a tailored interview of each center director, and an observational assessment of each center's physical infrastructure.

Key Findings of the Altarum-Led Physical Activity and Screen Time Assessments

Current Screen Time Practices	<ul style="list-style-type: none"> ■ The majority of centers limit screen time to less than 30 minutes per day. ■ Most directors believed it feasible to implement policies prohibiting screen time for children under age 2 and limiting it to 1 hour per day for 2- to 5-year-olds.
Current Physical Activity Practices	<ul style="list-style-type: none"> ■ Most center directors in this study reported that preschoolers at their centers engaged in at least 120 minutes of physical activity per day. ■ A large majority (86%) of center directors reported that children get at least 60 minutes of daily unstructured physical activity. Most reported that children aged 1–5 spend more than 1½ hours in unstructured physical activity each day. ■ Slightly fewer than half (44%) of directors reported meeting National Association for Sport and Physical Education guidelines for 60 minutes of daily structured physical activity for preschoolers. Most reported that children aged 1–2 years spend 30 minutes or less in daily structured physical activity and 3- to 5-year-olds spend 45 minutes or less. ■ Some directors have concerns about a policy requiring minimum amounts of structured physical activity, feeling that such a policy may stifle children’s creativity and place burdens on the staff.
Physical Space	<ul style="list-style-type: none"> ■ Lack of physical space was the most commonly cited barrier to providing young children with physical activity opportunities. ■ More than one in four sampled child development centers have indoor space that precludes most gross motor activity. ■ Directors at centers with very limited indoor space reported less daily unstructured physical activity time than centers with more indoor space. ■ More than one-third of centers do not have an onsite outdoor play space. ■ Directors at centers that do not have an onsite outdoor play space reported less outdoor physical activity time than those at centers with this space. ■ Most centers take advantage of nearby parks or playgrounds, but directors expressed concerns about park safety.
Fixed and Portable Play Equipment	<ul style="list-style-type: none"> ■ The majority (57%) of non-Head Start child development centers had no fixed play equipment or only equipment of one type. ■ Thirty-eight percent of non-Head Start child development centers in the study lacked any form of fixed play equipment. ■ Thirty-eight percent of non-Head Start child development centers lacked a good variety of portable play equipment. ■ Center directors expressed a need for additional portable play equipment to better support physical activity in their child development center.
Parent and Staff Engagement	<ul style="list-style-type: none"> ■ Nearly two-thirds (65%) of child development centers in this study reported engaging parents and caregivers in physical activity promotion last year. ■ Hands-on activities were perceived by child care directors to have been more effective in engaging parents than passive efforts. ■ Many center directors wanted staff to be more engaged in role-modeling physical activity and thought that practical and specific physical activity training would help.
Training and Classroom Resources	<ul style="list-style-type: none"> ■ Fewer than half (43%) of non-Head Start centers in this study reported receiving some physical activity training in the past year. ■ All Head Start centers received physical activity training in the past year. ■ Directors that received training from Summit Health Institute for Research and Education, Inc.’s Childhood Overweight and Obesity Prevention (SCOOP) program reported positive impressions of the training and hands-on technical assistance that was provided. ■ Centers that received SCOOP training also reported more daily structured physical activity time than centers that received no training or training other than SCOOP. ■ Most center directors reported using music to help engage the children in structured physical activity. ■ Center directors reported a need for more physical activity training and resources to help staff implement specific, low-cost activities into daily lesson plans.

Summary

- Broad support exists among child care providers for physical activity and screen time policy changes.
 - Some centers will have less difficulty implementing new policies to promote physical activity and limit screen time.
- Many centers face community and environmental barriers to physical activity, including
 - Limited indoor and outdoor play space,
 - Unsafe, crowded, or too-distant parks,
 - Inadequate and insufficient portable play equipment, and
 - Limited health-related knowledge or motivation among child care teachers.
- There is a need for ongoing professional development and training of child care providers.
 - There is enthusiasm for continuing or building upon recent training efforts.
 - Training programs need to be evaluated to determine their effectiveness.
- Ongoing evaluation should be undertaken to assess the implementation and impact of policy changes.

The findings of this study lead the authors to make the following recommendations to officials in Washington, DC, as they work to develop health promoting policies in child care settings:

- Continue to advance requirements for community-based child development centers by implementing screen time limits and enhanced physical activity requirements through child care licensing standards.
- Support child care providers as they implement obesity prevention policies by addressing barriers to increasing children’s physical activity and organizing efforts to improve or sustain training opportunities. Specifically,
 - Establish a public-private partnership to support centers in building outdoor playgrounds to support physical activity, and give priority to non-Head Start centers;
 - Increase access to indoor and outdoor play space through joint use agreements and informal partnerships;
 - Seek and make grant money available for purchasing portable play equipment;
 - Target park maintenance and police presence to the District parks most often used by child care centers; and
 - Expand physical activity training to reach all CACFP-participating child development centers in all wards and, eventually, all child development centers in the District.
- Commit to ongoing communications with providers and evaluation of policy implementation and trainings.





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Altarum Institute is a 501(c)(3) nonprofit health care research and consulting organization. Altarum integrates independent research and client-centered consulting to deliver comprehensive, system-based solutions that improve health and health care.

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The full report and executive summary are available to download at www.altarum.org/obesityresources. For more information about the report or to request print copies of the report or executive summary, contact:

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