

The Empower Program

An Innovation Station Best Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Arizona	Title V/MCH Block Grant Measures Addressed
Category:	Best Practice	<p>NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months</p> <p>NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day</p> <p>NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year</p>
Date Submitted:	2012	

Practice Description

The Empower Program (<https://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php>) was created by the Arizona Department of Health Services (ADHS) in 2010, to solve a budget shortfall which would have resulted in unaffordable licensing fees for Arizona’s child care providers, jeopardizing the health and safety of children. To solve this, Empower was created to promote healthy practices for children and their families, using child care facilities as the delivery agent. When licensed programs opted in to Empower, fees were reduced by 50%, creating a win-win for children, families, and providers.

Purpose

In the Arizona WIC program in 2010, 31% of participating children ages 2-4 were either obese (15%) or overweight (16%). Among Hispanic children in WIC, 33.5% were either overweight (16.8%) or obese (16.7%), and 42.6% of American Indian/Alaskan Native children were either overweight (22.7%) or obese (19.9%) (Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical

Activity, and Obesity. Data, Trend and Maps [online] <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>).

Historically, child care licensing in Arizona was supported by state general funds with licensing fees generating only a small portion of the overall costs. In the fall of 2009, faced with a \$3 billion budget shortfall, the Governor of Arizona proposed removing all general funds from the ADHS Licensure Services. For child care providers this decision created an economic crisis as they faced an increase in licensing fees from \$30 to \$1,000, and for large providers \$150 to \$7,800. At public hearings, child care providers and parents expressed their concern that the increase in fees would result in the closure of many facilities and would lead to massive lay-offs. Parents testified that higher child care rates would cause many to quit their jobs to stay home with their children and/or leave their children in unsafe and unregulated settings.

ADHS needed to find a way to lower the cost of child care licensing in order to avoid a real crisis to the health and safety of children in the state. Building on the integration and prioritization work established in the Division of Public Health Prevention, unspent end of the year funds from two sources were identified: Title V Maternal and Child Health Block Grant funds dedicated to obesity efforts and funds from the Tobacco Prevention Fund. The proposal was to move the funds over to the budget for the Division of Licensing. By targeting children in child care settings with these Prevention funds, the Division of Public Health Prevention could target a high-risk group in relationship to the obesity epidemic, as well as circumvent a potential risk to the health and safety of children who might otherwise be left in unsafe or unregulated child care settings. In exchange for the transfer of funds, the Division of Licensing would offer child care providers a 50% discount on their licensing fees for participating in a new prevention program entitled “Empower,” reflecting the intent to empower children and their families to make good choices around physical activity, nutrition and smoking.

Almost ten years after its beginning, Empower is voluntarily implemented in over 99% of ADHS licensed facilities and the Department of Economic Security (DES), Arizona’s state agency responsible for child care assistance/subsidy, now requires Empower enrollment from all of their contractors. Approximately 3,000 facilities, both centers and homes, are enrolled in Empower in 2019. Empower is operated out of two bureaus at ADHS: Bureau of Child Care Licensing (BCCL) for fee offset, and Bureau of Nutrition and Physical Activity (BNPA) for support to providers.

Early care and education (ECE) settings have been identified as a critical partner to prevent obesity, according to the Centers for Disease Control and Prevention (CDC). State ECE systems can promote standards that address nutrition, infant feeding, physical activity, and screen time. ECE facilities can implement practices and programs that support healthy eating and physical activity among young children. These improvements can directly affect what children eat and drink, how active they are, reduce their screen time, support moms who breastfeed, and build a foundation for healthy living.

(<https://www.cdc.gov/obesity/strategies/childcareece.html>)

Practice Foundation

Based on the Social-Ecological Model in health promotion, the Empower Program was a statewide policy change that prioritized health by offsetting licensing fees when implemented. By adopting the 10 Empower standards, ECE programs create environments that promote health for young children in child care facilities, which are reinforced by information provided to

individual families and broader public health messaging in the community and state. Empower draws upon Arizona’s Child Care Champions Best Practices, which was adapted from the Colorado Physical Activity and Nutrition Program (COPAN) Child Care Best Practices. These best practices, which are the basis for the 10 Empower Standards, are based on national guidelines and evidence-based recommendations from the USDA, American Academy of Pediatrics, Bright Futures, CDC, National Physical Activity Guidelines, etc. for nutrition, physical activity and smoking cessation/prevention.

The second edition of *Preventing Childhood Obesity in Early Care and Education Programs* is the set of national standards describing evidence-based best practices in nutrition, physical activity, and screen time for early care and education programs. The standards are for ALL types of early care and education settings - centers and family child care homes. These updated standards are part of *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Fourth Edition, released in 2019) (<http://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>). Empower Standards have been updated over time, and the program is continuing to work towards the new set of standards.

Current Empower Standards: 10 Ways to Empower Children to Live Healthy Lives

Standard 1: Provide at least 60 minutes of daily physical activity, including adult-led and free play. Limit screen time to three hours or less per week and no more than 60 minutes of sedentary activity at a time.

Standard 2: Practice “sun safety.”

Standard 3: Provide a breastfeeding-friendly environment.

Standard 4: Determine whether site is eligible for the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), and participate if eligible.

Standard 5: Limit serving fruit juice to no more than two times per week.

Standard 6: Serve meals family style and do not use food as a reward.

Standard 7: Provide monthly oral healthcare education or implement a toothbrushing program.

Standard 8: Ensure that staff members and child care providers receive three hours of training annually on Empower topics.

Standard 9: Make Arizona Smokers’ Helpline (ASHLine) education materials available at all times.

Standard 10: Maintain a smoke-free environment.

<https://azdhs.gov/documents/prevention/nutrition-physical-activity/empower/forms-policies/10-ways-to-empower-children.pdf>

Core Components

Core components are those essential practice elements which are observable and measurable.

- *Example: The goal of our program was to improve the number of perinatal depression screens among OB/GYN providers. We did this by conducting a yearlong practice improvement program for OBGYN practices across the state. The core components of this program included virtual training by a nurse educator, provision of a referral sheet tailored to the local area for positive screened women, and follow-up with practices by our program manager.*

The core components of this practice include increasing awareness of the Empower Program, assessing child care providers based on the ten Empower standards, evaluating program self-assessment data, providing child care providers with training and education, and establishing an advisory committee to coordinate work.

Practice Activities

Core Component	Activities	Operational Details
Awareness	Publicize the benefits of the Empower program.	Exhibit tables are provided at ECE conferences throughout the year and a monthly newsletter, reaching over 6,000 subscribers has been established.
Assessment	Assess the extent to which the child care providers implement the ten Empower standards.	Assess, at least annually, the extent to which the child care providers implement the ten Empower standards. Uses the Self-Assessment Checklist to rate themselves and their program using 'fully, partially, none, or don't know' for each separate component of each standard and policy. https://azdhs.gov/documents/prevention/nutrition-physical-activity/empower/forms-policies/empower-assessment-tool.pdf
Evaluation	Compile and report aggregate implementation data.	Self-Assessment data is entered annually for every program. The most recent report can be found here: https://azdhs.gov/documents/prevention/reports/stakeholders/az-yr1-yr5-empower-implementation-report.pdf
Professional Development	Empower courses are available	Ten online LMS Empower courses have been developed and are available free of charge on the Empower website (https://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php#learning-management). The courses are also listed in the statewide ECE Professional Development Registry (https://www.azregistry.org/) and count for ADHS licensing and DES certification hours.
Empower Advisory Committee (EAC)	Establish an advisory committee to coordinate the work of stakeholders and partners	Using the CDC Spectrum of Opportunities, the EAC meets quarterly to align messages regarding health, nutrition, wellness and obesity prevention in ECE settings among various state agencies. https://www.cdc.gov/obesity/strategies/early-care-education/pdf/TheSpectrumofOpportunitiesFramework_May2018_508.pdf
Website	Continually update website and online resources	The Empower website is continually being updated with resources, online courses, and newsletters. Hard copy Empower Packets will be discontinued in 2019 due to cost and ability to remain current. Materials will be available from the website to print.

Evidence of Effectiveness (e.g. Evaluation Data)

Data collected to measure outcomes during the project's initial implementation included: the number of facilities that signed up for Empower, the number of overall children and low-income children reached by Empower, implementation and compliance of the Empower standards collected by licensing surveyors, formative qualitative focus group with surveyors to assess compliance and barriers, and post implementation evaluation survey with 100 Empower facilities.

Compliance and adherence to Empower standards was evaluated via a quasi-experimental design. The study assessed whether child care centers participating in the Empower program had higher adherence to quality standards compared to non-participants after adjusting for type and capacity of child care facilities. Independent sample t-tests were used to test for differences in average scores on best practices followed by two-way factorial ANOVA to assess differences type of childcare facility and participation in the Empower program. The intervention group consisted of childcare centers that enrolled in the Empower program and the control group consisted of those that did not enroll. The study utilized ADHS child care licensure data from the bi-annual and annual inspections after implementation of the Empower program.

Evaluation results from the initial implementation of Empower showed that the Empower program mitigated the increase in fees related to the loss of state general funds. As a result, there was no abnormal drop in the number of licensed facilities in 2010 preventing a negative impact on the local economy when child care providers did not have to close. Arizona child care licenses are renewed every three years. Out of 403 centers who were due to renew in the first six months, only 5 declined voluntary enrollment in the Empower program. Additionally, 1,427 centers whose license renewals were not due enrolled in Empower in the first six months, even though they would receive no immediate financial incentive.

At that time, 90% of the licensed child care programs participated in Empower. Preliminary evidence from this evaluation suggested that Empower participating child care centers had higher adherence to nutrition and physical activity policy best practices compared to non-participating centers. The differences were most pronounced in five of the specific standards, which were: 1) limit children's screen time to under one hour a day; 2) serve 1% low fat or fat free milk for all children over two years of age; 3) limit children to four ounces of juice per day; 4) serve meals family style; and 5) let the child decide how much to eat. Child care centers had greater adherence to the best practices than small group homes.

Additionally, in a postimplementation evaluation survey of Empower providers were asked "Would your FACILITY participate in EMPOWER even if there were no subsidies?" and 44% of the respondents said "yes," with 41% responding as "probably yes." Only 13% responded as "no," or "probably no." This indicates child care providers are receptive to health policies that are in the best interest of the child. There were additional impacts as a result of the Empower program. At the Arizona Department of Health Services, collaboration on the Empower program carried over to the updating of child care rules. The Public Health Prevention division participated with the Child Care Licensing division to update the rules for child care. Changes were incorporated into the new rules to include four of the Empower best practices, and rules were developed to support the other best practices. As a result, the new rules included many of the most recognized best practices in child care to address childhood obesity. In addition, the rules changes were readily accepted by child care providers who now had experience with how easily these adaptations could become

Over time, as original Empower standards were integrated into licensing regulations, standards were modified. Current Empower standards are attached here:

<https://azdhs.gov/documents/prevention/nutrition-physical-activity/empower/forms-policies/10-ways-to-empower-children.pdf>

The Empower program has continued to show positive results. You can read more about the evaluation of the Empower program in the journal article and implementation report below:

Journal Article:

<https://azdhs.gov/documents/prevention/nutrition-physical-activity/empower/resources-policies/implementation-best-practices.pdf>

Implementation Report:

<https://azdhs.gov/documents/prevention/reports/stakeholders/az-yr1-yr5-empower-implementation-report.pdf>

In Arizona, obesity rates declined among 2- to 4-year-olds enrolled in WIC from 2010 to 2014. The rate of obesity dropped from 15.0% to 13.3% (<https://www.stateofobesity.org/states/az/>). While we can't attribute the reason for Arizona's decline to the Empower Program, one of the reasons cited by the CDC, offers this potential reason--general increases in awareness of the importance of preventing obesity at an early age, and federal support for state efforts to improve nutrition, physical activity, breastfeeding support and screen time limits in early childhood education programs—which aligns with Empower (<https://www.stateofobesity.org/stories/wic-declines/>).

Replication

The Empower Program has been added to the federal SNAP-Ed guidance as an 'emerging practice' (<https://snaped.fns.usda.gov/library/materials/empower-program>). Our Arizona SNAP-Ed Program, AZ Health Zone, has adopted support of the Empower Program as one of their ECE strategies that Local Implementing Agencies can choose to implement. Specifically, strategy 13 indicates 'Support development, implementation and evaluation of food and beverage and physical activity policies and environments consistent with the Empower standards' (<https://www.azhealthzone.org/collaborators/resources/early-childhood-development>).

Empower has also been adopted as a new contract requirement in Arizona for all Department of Economic Security (DES) contracts (child care subsidy and family child care homes). DES providers have been trained and offered technical assistance, and are currently using the self-assessment checklist and data submission process.

Empower has also been integrated into the state's Quality Improvement and Rating System (QIRS), Quality First, as a primary requirement for those programs that were not previously enrolled. As taken from the Quality First 2019 Participant Guide, 'As part of your participation in Quality First, in collaboration with the Arizona Department of Health Services Office of Child Care Licensing (DHS OCCL), you are required to participate in the Empower program and may receive technical assistance as needed. The Empower program is designed to help young children and their families live healthier lives. There are ten standards that focus on health and wellness including nutrition, breastfeeding, physical activity and screen time, tobacco, oral health, sun safety and staff training. As part of your Empower agreement, your program must have a written policy and implementation for each standard. For support, guidance and further information on the Empower Program please visit www.theempowerpack.org.' (Page 34, <https://qualityfirstaz.com/wp-content/uploads/2019/03/FY19-Participant-Guide.pdf>)

Section II: Practice Implementation

Internal Capacity

The primary personnel providing program support and technical assistance is the Early Care and Education (ECE) Manager, 1.0 FTE. The ECE Manager is an experienced professional with over 35 years of ECE experience in Arizona. Working previously in a variety of ECE settings including Head Start, community college, university, and child care/preschool, the manager is poised for independent work and leadership necessary to support the Empower program.

In addition, supportive work from Empower Advisory Committee (EAC) members such as the Bureau of Nutrition and Physical Activity (BNPA) (including Evaluation, Communications, Women, Infants and Children (WIC), and SNAP-Ed) contribute to successful implementation. Within ADHS, the Bureau of Child Care Licensing, Bureau of Women and Children's Health, including the Office of Oral Health and the Office of Children with Special Health Care Needs (OCSHCN), the Bureau of Tobacco and Chronic Disease (BTCD), and the Bureau of Environmental Health (BEH), Smoke-Free Arizona and SunWise also play an important role in related subject areas.

Collaboration/Partners

Through the EAC (see activities above) and other committee compositions and collaborations, the following state agencies are also involved in supporting the Empower program:

- Arizona Department of Education (ADE)
 - Child and Adult Care Food Program (CACFP)
 - Early Care and Education (ECE)

- Department of Economic Security (DES)
 - Child Care Administration (CCA)
 - Arizona Early Intervention Program (AzEIP)

- First Things First (FTF)
 - Quality First
 - Child Care Health Consultation

County health departments, University of Arizona Cooperative Extension, and several child services agencies all contribute to supporting the mission and implementation of Empower.

Practice Cost

The program is supported by funds from the Tobacco Prevention Fund, as well as Title V Maternal and Child Health Block Grant, and WIC lottery dollars. Total funding across the three funding sources to support Empower is approximately \$1.2 million dollars with the majority of funds going to licensing to support the fee discount. Based on a reach of 220,000 children this

equals a \$5.45 per child annual cost. The Empower Pack that each enrolled child care facility has historically received at enrollment has transitioned to electronic-only resources posted on the Empower website. Costs had increased from \$15.00/pack to almost \$100.00/pack with the updating of publications, mailing cost and reproduction. Total ADHS staff time has been reduced to 1.0 FTE in BNPA for the ECE Manager. Several funding sources have been utilized over the last five years including grants from Nemours, CDC 1305, and the Avandia drug settlement, each supporting various deliverables that furthered the reach of the Empower program. Funds are leveraged from SNAP-Ed, WIC and OCSHCN to support Empower activities when goals and activities align. While funding sources come and go to support the operations of Empower, minus the fee discount, the program can function on as little as approximately \$150,000.00 per year.

Budget			
Activity/Item	Brief Description	Quantity	Total
ECE Manager - 1.0 FTE + ERE benefits + administrative support (desk phone, cell phone, office supplies, in state travel)	WIC Lottery	n/a	\$100,000.00
Materials to support inclusion of children with special health care needs in child care/ECE facilities such as resources, professional development, and training.	OCSHCN Funds	n/a	\$ 50,000.00
Total Amount:			\$150,000.00

Practice Timeline

Practice is ongoing. Please reach out to project contact for more details.

Resources Provided

Guidebooks, forms, templates and tools are provided on the Empower website at <https://azdhs.gov/prevention/nutrition-physical-activity/empower/index.php>.

Lessons Learned

Initially, in moving the Empower standards from policy to practice, the importance of in-person technical assistance was required for the most consistency and success. Time constraints limited the amount of baseline information collected at implementation. A more rigorous effort to include focus groups prior to implementation would make the roll-out that much more successful.

At the program’s initial implementation, child care providers, state agencies, and families were all impacted by the decline in the economy. The development and success of the Empower

program provides an example of how collaboration, creative thinking and reliance on evidence based practices can set the stage for a healthier new generation, even during times of great economic challenge

While the licensing fee offset funds remain stable, supporting the Empower program through BNPA has relied on a variety of sources over the past five years: the CDC 1305 grant, Nemours, the Arizona Attorney General’s Office (Avandia drug settlement funds), Office of Children with Special Health Care Needs (OCSHCN) and WIC Lottery. Grants come and go so sustainability becomes critical. Current efforts are underway to embed the Empower standards into other related ECE partner efforts so that the tenets of obesity prevention, wellness, health and nutrition remain a priority of our state’s ECE system.

The creation of ten free online courses has proven to be one of the best strategies to train the ECE workforce about the Empower Program. These courses have been completed by over 9,400 users, also addressing the constant need for retraining due to staff turnover.

Next Steps

Next steps may include the following: securing continued support for the ECE Manager position and Empower evaluation activities, reviewing standards and possible revisions, supporting website resources and providing more Spanish resources, aligning obesity prevention activities throughout the state to prevent duplication, and developing the Empower Advisory Committee.

Practice Contact Information
<i>For more information about this practice, please contact:</i>
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