The Empower Program

Location: Arizona
Date Submitted: 07/2012
Category: Best Practice

BACKGROUND
According to the National Survey of Children’s Health, Arizona ranks 15th in the nation for childhood obesity. Furthermore, 30% of the children age 2 through 4 participating in the Arizona WIC program in 2009 were either obese (14%) or overweight (16%). Among Hispanic children in WIC, 33% were either overweight (17%) or obese (16%), and 38% of American Indian/Alaskan Native children were either overweight (18%) or obese (20%).

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 Arizona Department of Health Services (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.

PROGRAM OBJECTIVES
The overall goal of the Empower Program is to provide relief to child care providers facing increased licensing fees while also addressing the alarming rise in childhood obesity and the harmful effects of tobacco. The objectives were for programs to voluntarily register and participate in Empower by implementing the identified best practices in child care centers, and thus be entitled to the reduced licensing fee at the time of renewal.

The ten elements of Empower include:
1. Provide at least 60 minutes of structured activity and at least 60 minutes and up to several hours of unstructured physical activity each day
2. Limit screen time to under one hour a day
3. Avoid more than 60 minutes of sedentary activity at a time, except while the child is sleeping
4. Serve meals family style by letting the child decide how much to eat and avoid using food to reward behavior or for a clean plate
5. Provide families education and referrals regarding tobacco prevention cessation and second hand smoke
6. Serve one percent low fat or fat free milk for all children over two years
7. Offer water at least four times during the day (water is not to be served during lunch)
8. Limit juice to 100% fruit juice (with no added sugars) and to no more than 4-6 ounces/day.
9. Enforce 24 hour smoke-free campuses (no smoking 20 feet from any entrance)
10. And, if eligible, participate in the USDA Child and Adult Care Food Program.

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<th>TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED</th>
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<td>#8: Percent of children ages 6 through 11 years and adolescents ages 12 through 17 years who are physically active at least 60 minutes per day.</td>
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TARGET POPULATION SERVED
The Empower program was designed to reach all licensed child care programs in Arizona. The total number of licensed child care programs in the state is 2,626 (374 licensed homes and 2,252 licensed centers), serving a total of 240,632 children.

PROGRAM ACTIVITIES
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, centers 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.

When they enroll, facilities were provided with an “Empower Pack,” including a variety of educational materials, recipes, activity plans, music CDs, games, tobacco education materials and tools for early childhood caregivers. The “Champions for Change” program provided a rich resource for materials. Facilities also received information on best practices, resources for primary care services, and information on tobacco cessation and second hand smoke for families. The resources are tailored to specifically help child care facilities incorporate the standards into their programs, to understand how they are already meeting the standards and to provide education as to why the standards are important and the child care facilities role to help instill healthy life choices for children and families.

The program also developed special videos to train centers on how to implement Empower guidelines and best practices for family style meals, incorporating physical activity, infant nutrition, and breastfeeding. (All resources are available on the Empower site, http://azdhs.gov/empowerpack/.) Consultation and technical assistance was provided by Arizona Dept. of Health Services and others such as ADE/CACFP, Child Care Health Consultants, and Head Start. Centers were also given an Empower logo window cling that let parents know that the center participated in the program. This provided a concrete marketing benefit for centers as the program was marketed and received recognition in the media.

Originally, Empower was a 3-year pilot program that was implemented in 2010 to provide relief to child care providers facing increased licensing fees while also addressing the alarming rise in childhood obesity and the harmful effects of tobacco. Empower is still ongoing and many of the successes from the program have been implemented in state policies on child care center licensure (i.e. screen time limitations; skim or 1% milk for children over 2 years of age; no sugar-sweetened beverages and 100% fruit juice limited to 4-6 ounces/day; family-Style meals; and breastfeeding accommodations).

PROGRAM OUTCOMES/EVALUATION DATA
Data collected to measure outcomes 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 is evaluated via a quasi-experimental design was used to assess 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 showed 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. Currently, 90% of the licensed child care programs participate in Empower.

Preliminary evidence from this evaluation suggests that Empower participating child care centers have 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 day care centers had greater adherence to the best practices than small group homes. Additionally, in a post-implementation 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 part of the daily routine.

**PROGRAM COST**
The program is supported by funds from the Title V Maternal and Child Health, tobacco tax, and WIC lottery dollars. Total funding across the three funding sources to support Empower is $1.2 million dollars. Based on a reach of 220,000 children this equals a $5.45 per child annual cost. The Empower Pack that each enrolled childcare facility receives at enrollment is $15.00/pack and includes all tools and resources for successful implementation. Total ADHS staff time includes a total of 2 FTE’s across all divisions and programs.

**ASSETS & CHALLENGES**

**Assets**
Arizona has experienced one of the largest budget deficits in the country. As noted above, the Arizona Department of Health Services lost all funding for licensing due to budget cuts. At the same time, Public Health Prevention Services had identified obesity and tobacco as priority issues, and were strategizing on how to manage the loss of most state funds for public health, and creative ways to combine funding to maximize reach of prevention messaging and prevent the impending crisis for child health and safety. These factors lead to the creation of Empower.

**Challenges**
Due to the large number of child care providers we were reaching at implementation there were a large number of calls and technical assistance requests as providers were very concerned about making sure they were incorporating the standards according to expectation. The greatest challenge was the subjective interpretation of some of the standards among not only the providers, but the licensure surveyors as well.

**Overcoming Challenges**
Although the Empower Pack was intended to serve as their toolkit of resources, it was evident that in-person training and technical assistance was needed. ADHS responded by providing in-person trainings to review the standards and expectations, as well as respond to individual questions.

**LESSONS LEARNED**
In moving the Empower standards from policy to practice, the importance of in-person technical assistance is 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.

Child care providers, state agencies, and families have all been impacted by the recent decline in the economy. We have been forced to look for solutions in new and creative ways. 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.

**FUTURE STEPS**
Empower will continue to be funded with improvements to the evaluation component of the program as well as revision of the Empower standards. During the pilot period, five of the Empower standards were adopted in the rules and regulations of the child care facilities. As such these standards will be replaced by new evidence-based strategies to improve the health promotion of young children in child care settings. New materials, technical assistance videos, and annual trainings will be developed to assist in the implementation of the revised and enhanced Empower Program.

**COLLABORATIONS**
Arizona Department of Health Services’ Assistant Director, Bureau of Tobacco & Chronic Disease, Bureau of Nutrition & Physical Activity, Bureau of Women’s & Children’s Health, Bureau of Health Systems Development and Division of Licensing collaborated to develop and implement Empower. Technical assistance and consultation to centers were provided by ADHS and ADE/CACFP, First Things First, Child Care Health Consultants, and Head Start.
PEER REVIEW & REPLICATION
The Empower program has been presented at the 2011 AMCHP Annual Conference in Washington, DC; 2011 CDC Communities Putting Prevention to Work Conference, Atlanta, GA; presented and featured in 2012 NICHQ Collaborative – Collaborate for Healthy Weight; and 2012 Weight of the Nation Conference, Washington DC.

Numerous states have contacted Arizona to utilize Empower components as a frame of reference in implementing their own initiatives. This has included Florida, California, and South Carolina.

RESOURCES PROVIDED
Many resources were provided to help child care centers incorporate the Empower best practices into their curriculum:

- An Empower Pack, which contained educational materials, recipes, activity plans, music CDs, games, tobacco education materials and a variety of tools for early childhood caregivers. Arizona’s successful “Champions for Change” program provided a rich resource for materials
- An Empower logo window cling that let parents know that the center participated in the program. This provided a concrete marketing benefit for centers as the program was marketed and received recognition in the media.
- Resource information on primary care services.
- Tobacco cessation information for families and information on second hand smoke.
- Online training resources, including specially developed videos to train centers on how to implement Empower guidelines and best practices for family style meals, incorporating physical activity, infant nutrition, and breastfeeding.

These can be found on the Empower website at: http://azdhs.gov/empowerpack/.

Key words: Nutrition & Physical Activity, Substance & Tobacco Use, Health Promotion, Child Health

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☆ This program was highlighted at AMCHP’s 2013 Annual Conference with a Best Practice award.