

BORN TO THRIVE

Growing strong, smart kids through
healthy eating and active play

REPORT FROM THE MINNESOTA BORN TO THRIVE SUMMIT

BACKGROUND

The importance of investing in early-childhood learning and development has received significant attention in recent years, both in Minnesota and nationwide. A growing body of evidence shows the extensive, life-long benefits linked to healthy and enriching early experiences.¹ As a result, funders and decision makers from early education, public health and social services have been prioritizing resources and efforts to strengthen policies and systems that impact early-childhood environments. Early care and education settings play a critical role in building healthy young children who are well prepared to succeed — in school and in life.

These settings are particularly important in Minnesota, where 70 percent of our youngest residents (ages 0–5) attend licensed child care, and 60 percent of those children spend more than 29 hours per week in these environments.² In addition, a significant number of children are in the care of a nonparental adult (usually a family member, friend or neighbor). There is a distinct opportunity to create quality early care and education settings that focus on the whole child, ensuring that each child in each community is healthy, safe, engaged, supported and challenged. Healthy food and physical activity are essential to this approach in early-childhood environments. But, unlike other settings, early care and education environments are more diverse in their structure, subject to fewer regulations regarding healthy foods and active play, and may have less resources for instituting changes.

SUMMIT RATIONALE

The Born to Thrive Summit was established to bring together Minnesota’s key early-childhood stakeholders and decision makers to increase awareness around the impact of healthy foundations on lifelong success. The aim was to foster connections and leadership among those who impact early care and education settings in Minnesota, emphasizing state levers and systems that affect health, nutrition and physical activity in these environments.

CURRENT ISSUES IN EARLY CARE AND EDUCATION SETTINGS

Several public health leaders provided valuable context around current issues in early care and education:

- Importance of the Child and Adult Food Care Program
- Ongoing need to prioritize health equity in our conversations
- Current legislative and regulatory landscape
- Complexities that exist in these settings
- Head Start performance standards related to child nutrition and physical activity
- Importance of the Child Nutrition and WIC Reauthorization Act, which ensures that low-income children have access to healthy and nutritious foods
- Program approaches that engage the health care sector, such as “prescriptions” for fruit and vegetable purchases and consumption

The Born to Thrive Summit was held in St. Paul, Minnesota, on December 9, 2014.

Goals of the Summit

- Convene cross-sector champions to identify and leverage collaborative solutions
- Increase utilization and coordination of existing resources
- Address gaps in the supports caregivers need to build healthy habits in young children

The Born to Thrive Summit was attended by more than 100 people representing organizations from the private, public, nonprofit and philanthropic sectors with an interest in creating early care and education settings that promote health.

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WHAT WILL IT TAKE?

A key topic addressed during the summit was determining what it will take to help grow strong, smart children in Minnesota. Participants identified several approaches that included policy, systems and environmental changes.

Policy Changes

Policies at the institutional, state, regional and national level all have an impact on early care and education settings. Three main policy levers were identified at the summit:

- Child care licensing regulations
- Policies related to the Child and Adult Food Care Program (CACFP)
- Legislation for funding

TABLE 1: POLICY LEVERS IDENTIFIED BY PARTICIPANTS

CHILD CARE LICENSING	Update licensing requirements related to physical activity, nutrition, breastfeeding and screen time based on best practices.
	Strengthen the role of nutrition, physical activity and breastfeeding support in Parent Aware (the Minnesota quality rating and improvement system for child care providers).
	Incentivize child care programs to remain licensed by reducing administrative burden and complexity in the licensing system.
CACFP	Allow more flexibility in the professional development requirements for licensed child care providers to accommodate training in physical activity, nutrition, breastfeeding support and screen time reduction.
	Expand eligibility for CACFP to legally unlicensed family, friend or neighbor care providers.
	Maximize participation in CACFP with special emphasis on at-risk after-school programs and summer meals.
LEGISLATION FOR FUNDING	Support the implementation of the new USDA rule on the CACFP meal pattern following its release.
	Reduce barriers to CACFP participation by leveraging technology, developing efficient systems and reducing administrative burden.
	Expand scholarship programs for low-income families to increase access to high-quality early care and education (ECE) programs.
	Supplement CACFP reimbursement rates through a State of Minnesota supplement to USDA rates that either augments Tier 2 reimbursement rates to make them equivalent to Tier 1 rates or allows for additional meals and snacks.

Systems Changes

Several systems affect early care and education — including licensing, CACFP, sanitation, food and beverage licensing, professional development, and the quality rating and improvement system. It is imperative that these systems work together to support providers and the children they care for.

Attendees identified potential systems changes that focus on health equity, professional development, development of early care and education advocates, engagement with families and communities and awareness of the role and value of early care and education.

TABLE 2: SYSTEMS CHANGES IDENTIFIED BY PARTICIPANTS

HEALTH EQUITY	Increase the cultural competency of the CACFP by providing crediting information for foods from diverse cultures and promoting CACFP participation in diverse communities.
	Recruit members of diverse communities to leadership roles in ECE.
	Offer professional-development opportunities focused on cultural competence and the elimination of health disparities.
PROFESSIONAL DEVELOPMENT	Learn more about barriers facing communities of color, immigrant communities and low-income communities in the ECE arena to help reduce inequities.
	Offer more training on nutrition and physical activity, including the development of the culinary skills necessary to increase offerings of fresh fruit and vegetables.
	Integrate nutrition and physical activity into existing curriculums on other child care topics.
ADVOCACY DEVELOPMENT	Explore opportunities for leveraging existing professional development models.
	Cultivate advocates for ECE to raise awareness of the importance of healthy eating and physical activity in early-care settings.
	Build a coalition of advocates to educate law and policymakers on the connection between health and academic achievement, workforce development, health care costs and quality of life.
FAMILY AND COMMUNITY ENGAGEMENT	Educate and empower parents and caregivers to model best practices.
	Build demand for healthier ECE settings by engaging parents and community members.
AWARENESS BUILDING	Reframe health from an individual concern to a community issue.
	Communicate the efficacy of an approach that relies on policy, systems and environmental changes rather than education-only methods.
	Develop and share common messaging among sectors about health and ECE.
EMERGING OPPORTUNITIES	Integrate oral health into health prevention efforts in ECE.
	Explore new programming models, such as health insurance incentives, engagement with the business community and partnerships with schools.

Environmental Changes

Infrastructure and the established environment significantly influence the behavior and choices available to individuals, families and organizations.

Attendees discussed environmental change options at the home and facility level, as well as within the larger environment, with the overarching theme focused on promoting health.

TABLE 3: ENVIRONMENTAL CHANGES IDENTIFIED BY PARTICIPANTS

HOME AND FACILITY	Train and support caterers who work with child care providers.
	Provide professional-development opportunities for licensed and unlicensed care providers on physical activity and nutrition.
	Invest in infrastructure and staff development to increase access to fruits and vegetables.
ACCESS	Research and pilot-test procurement models for ECE — including collaborative purchasing models, working with distributors, joint purchasing with other institutions (such as hospitals, schools and emergency shelters) and implementing Farm to Childcare initiatives.
	Collaborate with transportation departments to increase access to places to purchase fruits and vegetables.



WHAT'S NEXT?

How can we move forward with these potential strategies for policy, systems and environmental changes? Which changes would have the biggest impact on improving access to healthy food and physical activity in early care and education settings? How can individuals and organizations support continued collective work on this important issue? How can we ensure a high return on investment from these strategies?

TABLE 4: TOP PRIORITIES

Incentivize child care programs to remain licensed by reducing administrative burden and complexity in the licensing system.

Reduce barriers to CACFP participation by leveraging technology, developing efficient systems and reducing administrative burden.

Supplement CACFP reimbursement rates through a State of Minnesota supplement to USDA rates that either augments Tier 2 reimbursement rates to make them equivalent to Tier 1 rates or allows for additional meals and snacks.

Offer more training on nutrition and physical activity, including the development of the culinary skills necessary to increase offerings of fresh fruits and vegetables.

Build demand for healthier ECE settings by engaging parents and community members.

Build a coalition of advocates to educate law and policymakers on the connection between health and academic achievement, workforce development, health care costs and quality of life.

Develop and share common messaging among sectors about health and ECE.



PERSPECTIVES FROM THE FIELD: HIGHLIGHTS

During the summit, several experts from within the early care and education field shared their insights. Diana Cutts, MD, with the Hennepin County Medical Center shared that in Minnesota, 11 percent of families with children experience food insecurity, which is associated with various health and development consequences — including acute illness, developmental delays, increased hospitalizations, poorer academic achievement and obesity. Susie Nanney, PhD, MPH, RD, from the University of Minnesota discussed the importance of healthy eating and physical activity in early-care settings, and how incorporating nutrition and physical activity into the state's quality rating system could have a significant impact. Meredith Martinez, MPH, an early childhood specialist with the Minnesota Department of Education, discussed the resources available for Minnesota families and the potential for system alignment through the Help Me Grow system.

The slides, presenter biographies and links to organizations and helpful resources are all available on the are available on the Born to Thrive website, borntothrivesummit.com.

Collaboration and Coordination

In addition to the specific priorities and strategies identified during the summit, there is an overarching need for collaboration and cross-sector coordination of efforts. Working collaboratively allows for a broader impact and creates the opportunity to advance the shared goals identified by the summit attendees. The first step to creating this collective environment is establishing a shared understanding of the problem and determining a focused strategy. This combined work will also require consistent and open communication among individuals and organizations that is interactive, timely and relevant.



WHERE WE'RE HEADED

The Born to Thrive core planning team is comprised of representatives from Bloomington Public Health, the Center for Prevention at Blue Cross and Blue Shield of Minnesota, Early Head Start, Head Start, Hunger Solutions, the Minnesota Alliance of YMCAs, the Minnesota Department of Education, the Minnesota Department of Health, Minnesota Initiative Foundations, Partners in Nutrition and the Public Health Law Center. The team is conducting ongoing planning sessions to move this work forward and maintain the momentum from the Born to Thrive Summit.

CONCLUSION

The Born to Thrive Summit successfully convened cross-sector champions who identified collaborative solutions, coordinated existing resources and addressed gaps in the supports that caregivers need to build healthy habits in young children. Following the summit, it is clear that there is much work to be done. Together, we can build on the summit's momentum and work to secure the health of young children in Minnesota.

ACKNOWLEDGMENTS

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References

¹ **Proven Benefits of Early Childhood Interventions, Benefits of Early Childhood Development Programs.**

² ChildCare Aware. Child Care in America 2012 State Fact Sheets. Arlington, VA: ChildCare Aware, 2012.

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