

POLICY BRIEF

I am Moving, I am Learning: Early Findings from the Implementation of an Obesity Prevention Enhancement in Head Start Region III

There are two to three times as many obese children in the United States today as there were 20 years ago. Obesity is more common among children who are racial/ethnic minorities or who live in low-income households. Head Start, with its almost one million low-income preschool children from diverse racial/ethnic backgrounds, is potentially an ideal setting for developing obesity prevention efforts.

Head Start recently began an innovative approach to obesity prevention called “*I Am Moving, I Am Learning*” (*IM/IL*). This program enhancement offers a flexible framework that program staff can use to integrate obesity prevention activities into their daily practices. The goals of *IM/IL* are to: (1) increase the quantity of time children spend in moderate to vigorous physical activity (MVPA) each day, (2) improve the quality of structured movement activities that are facilitated by teachers and other adults, and (3) promote healthy food choices among children each day. In the spring of 2006, Head Start Region III hosted three *IM/IL* training-of-trainers (TOT) events for reaching a total of 53 programs. Each program sent up to five representatives to the 2½ day training, where they participated in interactive workshops and developed strategies for implementing *IM/IL* enhancement activities at their local sites. Participants returned to their program and were expected to train fellow staff on what they learned at the training event.

An implementation evaluation was conducted to examine the extent to which grantees who participated in the spring 2006 Region III TOT event are implementing *IM/IL* enhancements. The initial phase of the evaluation¹ involved a questionnaire that was mailed to each of the 53 Head Start programs that had participated in the TOT event. The questionnaire was sent in the spring of 2007 to the individual

staff member in each program who was designated to lead the implementation of *IM/IL* enhancement activities. This questionnaire assessed the staff members’ perceptions of the spring 2006 TOT event and their experience implementing *IM/IL* in their programs during the year following that event. Fifty completed questionnaires were received, for a response rate of 94 percent. Two programs reported not having tried to implement *IM/IL* activities; therefore, most of the analyses were completed with 48 programs rather than 50. This brief describes the results of this first-phase questionnaire.

Findings

The *IM/IL* training event in spring 2006 was well received. Most programs gave the training event a positive overall rating. On a scale of 1 (poor) to 5 (excellent), 71 percent rated the event as a 5. The training was rated highly on its organization and content. For example, on a scale of 1 (strongly disagree) to 4 (strongly agree), 85 percent strongly agreed that *IM/IL* goals were clearly explained, 82 percent strongly agreed that the training presented ideas for program enhancements that were consistent with *IM/IL* goals, and 71 percent strongly agreed that the training provided new information and resources. Programs also identified training topics that required more attention: 40 percent thought that too little time was allowed for staff to develop plans for implementing *IM/IL* in their own program and 37 percent thought that too little time was spent on strategies that can be used to engage adults, including staff and parents, in *IM/IL*.

Nearly every program tried to implement *IM/IL* in the year following the training event. Ninety-six percent of programs reported implementing *IM/IL* during the following program year, and three-quarters of the programs that

implemented *IM/IL* activities involved all of their centers and classrooms. For staff training, over 60 percent of programs reported providing both pre-service and in-service training on *IM/IL*. Programs reported providing an average of 6 hours of staff training (ranging from 1 to 24 hours). Fifty-three percent of programs reported that they developed a written plan for their *IM/IL* enhancement activities.

Enhancements related to physical activity were more common than enhancements related to nutrition.

All but three programs (94 percent) reported implementing one or more enhancement activities that focused on physical activity (either MVPA or structured movement). A smaller percentage of programs (67 percent) reported implementing enhancements that were focused specifically on nutrition. For physical activity, the most common enhancements reported were using equipment or vocabulary for teaching structured movement and body awareness (85 percent) and introducing new play equipment (77 percent). For nutrition, the most common enhancement reported was modifying the foods served to children in the Head Start classroom (65 percent). Other enhancements reported being used to support nutrition and physical activity goals were purchasing instructional materials (88 percent) and using the *IM/IL* mascot, “Choosy” in *IM/IL* activities (85 percent).

Almost all programs made efforts to reach out to parents, staff, and community organizations. The most common approach reported to reach parents was distributing written information such as flyers, pamphlets, or newsletters (85 percent), followed by workshops or other events for parents (71 percent), and discussing nutrition and/or physical activity at parent-teacher conferences (63 percent). A majority

¹**About the Study** Mathematica Policy Research, Inc. (MPR) was contracted by the Office of Planning, Research, and Evaluation under the Administration for Children and Families (ACF) to study how *IM/IL* has been implemented by programs that participated in the spring 2006 training. There are three stages to this evaluation including: (1) a survey of all 53 grantees, (2) telephone interviews with *IM/IL* directors and two teachers from a subset of grantees, and (3) site visits to a subset of grantees. The current brief summarizes key findings from the stage-one survey. For more information on this evaluation please go to: http://www.acf.hhs.gov/programs/opre/hs/eval_move_learn/index.html

of programs (65 percent) reported offering activities to parents that focused on improving eating and physical activity behaviors, and over half of the programs (52 percent) reported offering comparable activities for staff. About half of the programs (52 percent) stated they identified a community organization as a partner in their *IM/IL* implementation.

Staff enthusiasm contributed to programs' reported success with *IM/IL*, while limited time and competing priorities posed challenges.

Staff enthusiasm for *IM/IL* was reported to be high, with 71 percent of programs rating staff enthusiasm as a 4 or 5 on a scale of 1 (resistant) to 5 (enthusiastic). The two factors most often cited as contributing to the whether *IM/IL* implementation was reported to be successful were staff enthusiasm about the goals of *IM/IL*

(77 percent) and the fact that the *IM/IL* training "provided the necessary training to train staff" (75 percent). The two most frequently reported challenges to *IM/IL* implementation were that "management staff did not have enough time to devote to *IM/IL*" (59 percent), and that "other areas in the program were a higher priority" (41 percent).

Implications

This initial glimpse into the implementation of *IM/IL* indicates that participants found the spring 2006 training to be valuable and that most programs reported implementing some *IM/IL* enhancement activities during the following program year. Staff enthusiasm for *IM/IL* was reported to be high and this enthusiasm was identified by programs as a key element for

successful implementation. At the same time, many programs reported that staff time constraints and competing program priorities posed challenges for *IM/IL* implementation. Only half of programs had a written plan for implementing *IM/IL* and many programs reported that they would have liked more time at the initial training to develop such a plan. These early findings suggest that programs need additional support in planning *IM/IL* enhancement activities and structuring staff responsibilities. Future training events may want to incorporate additional time for trainees to design their *IM/IL* activities and develop a written plan for implementation. The next stages of this study will focus on the sustainability of *IM/IL* in Head Start programs in the second year of implementation.

Table 1. *IM/IL* Enhancements Programs Reported Implementing with Children (n=48)

Type of Enhancement Reported by Programs by <i>IM/IL</i> Goals	Percentage of Programs
Enhancements Focused on Physical Activity Goals	94
Used equipment and/or vocabulary for teaching structured movement	85
Introduced new play equipment	77
Reconfigured or enhanced space to facilitate physical activity	56
All of the above	42
Enhancements Focused on Nutrition Goals	67
Changed policies or practices related to foods served to children	65
Established policy for foods brought in from home	31
All of the above	21
Enhancements to Support Nutrition and/or Physical Activity Goals	94
Purchased instructional materials or aids	88
Used "Choosy" in <i>IM/IL</i> activities	85
Used an existing physical activity/nutrition curricula	17
All of the above	15

Source: *IM/IL* Implementation Evaluation Stage 1 Questionnaire. Completed by *IM/IL* coordinators in spring 2007, approximately one year after participating in the 2006 training-of-trainers event.

Figure 1. Programs' Top Reported Supports to *IM/IL* Implementation (Percentage)

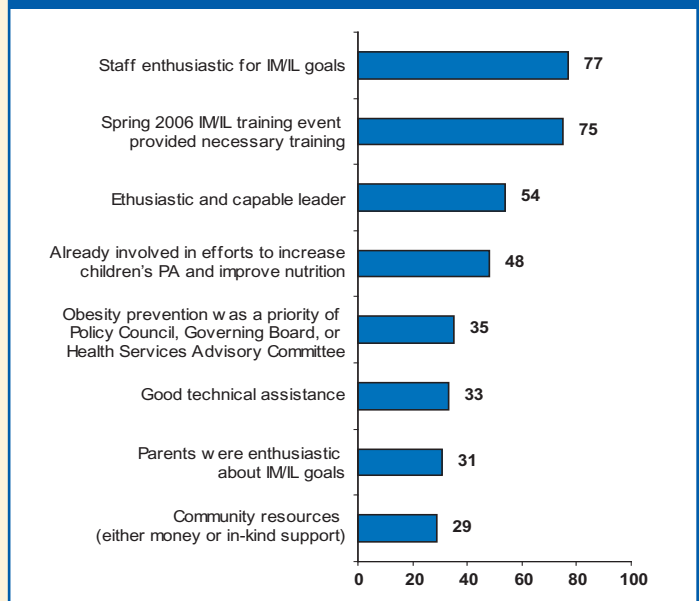
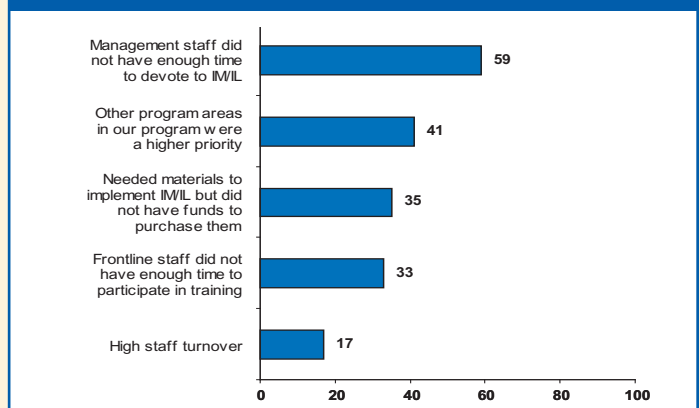


Figure 2. Programs' Top Reported Challenges to *IM/IL* Implementation (Percentage)



Source for both figures: *IM/IL* Implementation Evaluation Stage 1 Questionnaire. PA = Physical activity.