



## **Reversing Childhood Obesity**

A Request for Application for Early Childhood Programs in the Bronx and Brooklyn

The Healthy Active Living Project has been made possible with a gift from the Leon Lowenstein Foundation. The Project is being administered through a partnership between the NYS Council of Children and Families, New York State Head Start Collaboration Project and the Early Care & Learning Council.



NYS Council of Children and Families



New York State Head Start Collaboration Project



## Health Active Living Project overview

**Application Deadline:** March 1st, 2013

**Anticipated Contract Dates:** March 15th through August 31st, 2013

**Funding Available:** \$10,000 total for four awards

**Geographic Areas Available:** Brooklyn, NY & Bronx, NY

The Healthy Active Living project is seeking four early childhood programs to be part of a five month obesity prevention and reversal project. This is a competitive grant and an opportunity for the grantee to become a leader, researcher and instructor for childhood obesity prevention and healthy living. As part of the application process programs will submit their proposals for an obesity prevention and reversal plan or outline a current plan that is in need of strengthening. Selected programs will implement their proposed or enhanced plan for five months. During that time they will report on their progress via a monthly update form, photos, videos, narratives and other evidence. Each participating programs will be given a grant of \$10,000 to implement the plan. At the end of the five months, programs will share the process, outcomes and impact at a final presentation. The final presentation will also serve as a project guide that other programs can review and adapt for their own use. Participating programs will be strongly encouraged to put the final products on their own websites to share with the field.

## Obesity Prevention and Reversal Plan

Any plan submitted should address Goal 1 and/or Goal 2 and must address Goal 3.

**Goal 1. Improve childhood nutrition.** The plan can include policies and actions that increase the nutritional value of the diet of the enrolled children, increase in healthful foods and drinks and/or decrease in unhealthful foods and drinks both in and out of the program. If the program cares for infants, supports for breastfeeding could also be included.

**Goal 2. Increase childhood physical activity.** The plan can include policies and actions that increase the level and variety of activity for enrolled children both in and out of the program.

**Goal 3. Change in caregiver practice.** The plan can include policies and actions that guarantee a long term change in practice for the program and encourage long term change in practice for families. Changes in practice should address nutrition and physical activity.

More information can be found on the Healthy Active Living Matrix on the following page.

## Healthy Active Living Matrix

Goals <sup>1</sup>	Method <sup>2</sup>	Evidence <sup>3</sup>
<b>Goal 1. Improve childhood nutrition</b>		
4 to 5 servings of fruits and vegetables per day Increase in consumption of fresh fruits and vegetables Decrease in consumption of unhealthful foods and drinks Increase breastfeeding rates for enrolled infants	<ul style="list-style-type: none"> <li>• Serve 4 to 5 servings of fruits and vegetables during program hours</li> <li>• Send a serving of fruit or vegetable home with children to add to their dinner meal</li> <li>• Serve more fresh fruits and vegetables during program hours</li> <li>• Start a program or community garden</li> <li>• Facilitate families' membership in a CSA (Community Shared Agriculture)</li> <li>• Eliminate the availability of sugary snacks and drinks on premise</li> <li>• Decrease or eliminate the serving of fried foods at the program</li> <li>• Incentivize parents to decrease consumption of unhealthful foods and drinks at home.</li> <li>• Become a Breastfeeding Friendly child care site</li> </ul>	<ul style="list-style-type: none"> <li>• Photos, videos, narratives</li> <li>• Announcements</li> <li>• Written policy</li> <li>• Pre/Post survey (provided by Healthy Active Living)</li> <li>• Menus, before and after</li> </ul>
<b>Goal 2. Increase childhood physical activity</b>		
1 to 2 hours of active physical play per day No screen time for children under 2 30 minute/week screen time limit during program hours Reduce out of program screen time Increase out of program physical activity	<ul style="list-style-type: none"> <li>• Adjust program schedule to allow for more outdoor play</li> <li>• Enhance outdoor play space</li> <li>• Incorporate more active play into curriculum</li> <li>• Eliminate any program screen time for children under 2</li> <li>• Educate parents about alternatives to screen time</li> <li>• Organize out of program activities for families (walks, basketball, kickball, swimming)</li> </ul>	<ul style="list-style-type: none"> <li>• Photos, videos, narratives</li> <li>• Announcements/invitations</li> <li>• Written policy</li> <li>• Pre/Post survey (provided by Healthy Active Living)</li> <li>• Schedule, before and after</li> <li>• Parent materials</li> </ul>
<b>Goal 3. Change in caregiver (provider and family) practice</b>		
Change in program schedule to allow for more physical activity Long-term change in program meal patterns to ensure ongoing better nutrition Change in family practice to improve child nutrition Change in family practice to increase physical activity Change in family practice to decrease screen time	<ul style="list-style-type: none"> <li>• Permanent program wide schedule change</li> <li>• Professional development for program staff on outdoor play, incorporating physical activity into the curriculum, indoor active play alternatives etc...</li> <li>• Permanent program wide policy change to address better nutrition at meals</li> <li>• Professional development for kitchen staff and purchasers on healthful cooking and meal prep and cost effective menu planning</li> <li>• Education for families about nutrition, physical activity and screen time</li> <li>• Incentives for families to improve child nutrition, increase physical activity and decrease screen time</li> </ul>	<ul style="list-style-type: none"> <li>• Photos, videos, narratives</li> <li>• Announcements</li> <li>• Written policies, before and after</li> <li>• Professional development session sign in and agenda</li> <li>• Pre/Post survey (provided by Healthy Active Living)</li> <li>• Parent materials</li> <li>• Schedule, before and after</li> </ul>

1. Obesity prevention and reversal plan must address Goal 3, and either one or both of Goal 1 and Goal 2, and at least two sub-goals under each chosen goal. 2. Methods are suggestions. We invite you to use any of these methods and encourage you to be creative and use methods that meet the needs of your program and community. 3. Be prepared to provide evidence for any method that you employ. Photos, videos and narratives will be required; other evidence will vary according to your chosen methods.

## Background:

For the first time in our history, we are raising a generation of children who, if current trends continue, are likely to be less healthy than their parents and may even have a shorter life expectancy (Olshansky et al., 2005). Chronic diseases remain the number one factor in poor health outcomes, many of which have their origins in childhood (Perrin et al., 2007). Over the last three decades, the number of overweight children has more than tripled. The New York State Department of Health estimates that one in four New Yorkers under the age of 18, or approximately 1.1 million young people, is obese (U.S. Census). National data show that the percentage of children aged 10 to 17 who are classified as overweight or obese is higher in New York than in two-thirds of the 50 states.<sup>1</sup>

Research over the past 20 years has, over and over again, validated the theory that the developmental years of birth to 5 are the most critical years in the human life-span. More development, on multiple levels, takes place in the first five years of a child's life than in any other comparable time-frame. Universally accepted, high-level, longitudinal studies have now revealed a startling set of future impacts related to high-quality early childhood education and development.

### New York State Facts<sup>2</sup>:

- New York ranks 34th in overall prevalence with 32.9% of children considered either overweight or obese.
- The New York prevalence of overweight and obese children has risen since 2003. In 2011 27% of youth in NYC were overweight or obese.
- According to the 2008 Pediatric Nutrition Surveillance System (PedNSS), which assesses weight status of children from low-income families participating in WIC, 32% of low-income children age 2-5 are overweight or obese in New York.

### New York City Facts<sup>3</sup>:

- More than 40% of Head Start Children in NYC are overweight or obese.
- More than one in five public school children (kindergarten through eighth grade) are obese (21%), and a similar number of students are overweight (18%).
- Compared with children nationwide, NYC children are more likely to be obese (21% vs. 17%) and overweight (18% vs. 14%)

The **Health Active Living Project** seeks to assist programs in implementing a new, or enhance an existing, obesity prevention and reversal plan that meets the needs of that program and community. Rather making a prepackaged plan fit in with your program, we invite you to use best practice approaches that are right for you and are sustainable. The end goal is to use the lessons learned to help other programs implement their own obesity prevention and reversal plans.

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<sup>2</sup> 2007 National Survey of Children's Health. Data analysis provided by the Child and Adolescent Health Measurement Initiative, Data Resource Center. <http://www.childhealthdata.org/>

<sup>3</sup> New York City Department of Health and Hygiene. Chronic Disease Prevention and Control: <http://www.nyc.gov/html/doh/html/cdp/cdp-obesity.shtml>

**Eligible Applicants:** Child care centers, Head Start/Early Head Start programs, or prekindergarten programs licensed by NYC DOH providing low income and/or subsidized child care in the Bronx or Brooklyn. Applicants must provide center-based services to at least 20 children, five days a week.

**Other criteria:**

- Licensed by NYC DOHMH for at least 2 years
- Located in the Bronx or Brooklyn
- Serve a minimum of 25% families who qualify for County Department of Social Services child care subsidy, Child and Adult Care Food Program

**Definitions:**

**Plan:** the obesity prevention and reversal plan proposed and ultimately implemented by an early childhood program

**Program:** Early childhood program; Child care center or Head Start

**Project:** The Healthy Active Living Project, a partnership between the NYS Council of Children and Families, New York State Head Start Collaboration Project and the Early Care & Learning Council. The Healthy Active Living Project has been made possible with a gift from the Leon Lowenstein Foundation.

**Scope of Work:**

The successful bidders will be responsible to:

1. Attend an orientation session on March 15<sup>th</sup> from 12:00pm to 4pm in the New York City area. The successful bidder must have at least two people attend and may bring up to 4 people to this session.
2. Implement the proposed or enhanced obesity prevention and reversal plan using innovative best practices that address two of three project goals. Examples of plan summaries can be found on page 14.
3. Report on, and record the implementation of the plan.
4. Engage families in your obesity prevention and reversal plan.
5. Conduct at least one professional development opportunity for your staff that supports the plan.
6. Document the implementation process through monthly updates and submission of pictures and/or videos and narratives.
7. Engage in at least two impact measurement activities. The Early Care & Learning Council will provide technical assistance, surveys and other supports.
8. Submit progress updates on a monthly basis to the Early Care & Learning Council. A form will be provided.
9. Participate in one webinar at the end of May. At least two people from each project must be on the webinar conducted by the Early Care & Learning Council and the New York State Head Start Collaboration Project.
10. Attend a final in-person session in mid to late August, at a location to be determined, to share results of your project. Awardees will be expected to prepare approximately a 30 minute presentation\*. The successful bidder must have at least one person attend and may bring up to 4 people. A \$500 stipend will be awarded to each project for travel to the final session.

\* The final presentation will also serve as a project guide that other programs can review and adapt for their own use. Guidelines for this presentation can be found on pages 12 and 13.

## **Proposal Evaluation Criteria:**

Proposals will be evaluated based on the following criteria:

- Meeting the 2 of the 3 goals of the project, goal 3 is required
- Addressing at least two sub-goals in under each chosen goal
- Key personnel involved
- Previous involvement/experience with childhood obesity prevention and child health
- Proposed plans, enhancements of current plans are strongly encouraged
- Access to professionals who can support the proposed project

## **With questions contact:**

Patricia Persell  
New York State Head Start Collaboration Director  
Council on Children and Families  
518-474-9352  
patricia.persell@ccf.ny.gov

## **Proposal submissions:**

Original proposal and one letter of support from a Board, business owner or oversight agency must be mailed to:

Mary Stalker  
Director of Communications, Research and Development  
Early Care & Learning Council  
230 Washington Avenue Extension  
Albany, NY 12206  
Attention: Healthy Active Living Project

An electronic version of the proposal must be submitted to:  
[mstalker@earlycareandlearning.org](mailto:mstalker@earlycareandlearning.org) Subject line: Healthy Active Living Project

Electronic submissions must be received by 12:00 noon on March 1, 2013. Proposals received after that time will not be considered. Mailed copies must be posted marked by March 1, 2013.



### Program Application and Plan Proposal

<b>Borough:</b>	<input type="checkbox"/> Bronx	<input type="checkbox"/> Brooklyn
<b>Name of agency:</b>		
<b>Name of site:</b>		
<b>Site address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact person:</b>		
<b>Position:</b>		
<b>Email address:</b>		
<b>Primary phone:</b>	<b>Secondary phone:</b>	
<b>Person responsible to sign contract:</b>		
<b>Email address:</b>		
<b>Primary phone:</b>	<b>Secondary phone:</b>	

Please check all that apply to your site:	
<input type="checkbox"/>	Child care center
<input type="checkbox"/>	Head Start program
<input type="checkbox"/>	Early Head Start program
<input type="checkbox"/>	UPK program administered by a community based organization
<input type="checkbox"/>	UPK program administered by a public school
<input type="checkbox"/>	Serve 25% low income families (if not a Head Start program, please provide documentation)
<input type="checkbox"/>	Non-profit organization
<input type="checkbox"/>	NAEYC Accredited program
<input type="checkbox"/>	Enrolled in QUALITYstarsNY
<input type="checkbox"/>	Other (please specify):

<b>NYC Department of Health and Mental Hygiene Permit #</b>	
<b>If not regulated by the NYC Department of Health and Mental Hygiene Permit please identify your regulatory agency (New York State Department of Education, New York State Office Children and Family Services, New York City Department of Education). Please explain and provide an identification number below.</b>	

**Please read this page carefully.** Block A refers to a NEW obesity prevention and reversal plan and BLOCK B refers to an EXISTING obesity prevention and reversal plan

**BLOCK A: For programs implementing a NEW obesity prevention and reversal plan**

**On a separate document please provide an outline of your proposed plan including:**

1. Why your agency is interested in this healthy living initiative (500 word limit).
2. An overview (1000 word limit) about the project you plan to implement.
3. A project budget. Budget template can be found on page 11.
4. A description, in narrative or matrix, about the methods you plan to use to address each of the selected sub-goals.
5. A description, in narrative or matrix, about the evidence you plan to submit to document your methods.
6. A description, in narrative or matrix, about how you plan to measure impact. At least two impact measurement methods are required. Technical assistance, surveys and other supports will be provided.
7. How many children, families, staff will be involved in the plan?
8. Describe how you will document the process through pictures/videos and narratives.
9. How you plan to involve parents and the community?
10. A timeline for the implementation of the plan.

**BLOCK B: For programs enhancing an EXISTING obesity prevention and reversal plan**

**On a separate document please provide an outline of your proposed plan including:**

1. Why your agency is interested in this healthy living initiative (500 word limit).
2. An overview (1000 word limit) about the project you are currently implementing and how you plan to enhance it.
3. A current project budget and description of how you will use the grant funds to enhance this project.
4. A description, in narrative or matrix, about the methods you are using, or plan to use, to use to address each of the selected sub-goals.
5. A description, in narrative or matrix, about the evidence you plan to submit to document your methods.
6. A description, in narrative or matrix, about how you plan to measure impact. At least two impact measurement methods are required. Technical assistance, surveys and other supports will be provided.
7. How many children, families, staff will be involved in the plan?
8. Describe how you will document the process through pictures/videos and narratives.
9. How you plan to involve parents and the community?
10. A timeline for the plan during the grant period.



**Please respond to each of the following:** (Each response should be limited to 500 words.)

**Describe, in 500 words or fewer, the key personnel to be assigned to the project** Include each person's percentage of time allocated to this project and their experience with program development especially early childhood health. **(In a separate document please include resumes, phone numbers and e-mails)**

**Describe, in 500 words or fewer, how the program has worked in partnership with parents and/or the community in the past.** Include previous or current work with similar goals to this project and the outcomes of that work.

**Describe, in 500 words or fewer, the qualities, resources or relationships that position your program to be qualified to do this work.**

**Goal 1. Improve childhood nutrition**

Please check the sub goals you plan to address with your plan

- 4 to 5 servings of fruits and vegetables per day
- Increase in consumption of fresh fruits and vegetables
- Decrease in consumption of unhealthful foods and drinks
- Increase breastfeeding rates for enrolled infants
- Other: Please specify

**Goal 2. Increased childhood activity**

- 1 to 2 hours of active physical play per day
- No screen time for children under 2
- 30 minute/week screen time limit during program hours
- Reduce out of program screen time
- Increase out of program physical activity
- Other: Please specify

**Goal 3. Change in caregiver practice (Required)**

- Change in program schedule to allow for more physical activity
- Long-term change in program meal patterns to ensure ongoing better nutrition
- Change in family practice improve child nutrition
- Change in family practice to increase physical activity
- Change in family practice to decrease screen time
- Other: Please specify

**Submission checklist**

	Completed application
	Resumes and contact information for project personnel
	Separate document with proposed plan outline
	Documentation of serving 25% low income families (if not a Head Start center)
	Letter of support from Board, business owner or oversight agency
	Optional letters of support from parents or others (limit of 3)
	Budget summary and budget narrative for new plans, current budget and plan for funds for existing plans

Name of person completing application (please print or type):	
Signature of person completing application :	
Date:	



Agency: \_\_\_\_\_

**Budget Summary Form**

Expense Category	
<b>A. Personal Services</b>	
1. Personnel	
2. Fringe Benefits	
3. Total (Lines 1 + 2)	\$
<b>B. Non-Personal Services</b>	
4. Consultant/Contractual	
5. Staff Travel/Per Diem	
6. Equipment	
7. Supplies	
8. Other Expenses	
9. Total (Total Lines 4 to 8)	\$
<b>C. Project Total (Lines 3 + 9)</b>	\$

Please provide a short budget narrative

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date



## Final Presentation Guidelines

You will be expected to present approximately a 30 minute presentation on the project.

The presentation should include a Power Point presentation and a 2 to 4 page handout that summarizes your goals, the implementation and impact. The handout may include narratives, bullets, charts, infographs, photos etc... We invite you to be as creative as you like as long as you convey the pertinent information.

The PowerPoint and your presentation should include.

1. Your decision making process and **idea development** prior to being awarded the grant. Things to consider:
  - a. Why did you want to apply?
  - b. Was there something you've wanted to implement but didn't have the funds?
  - c. Was there something that inspired/encouraged you to do this?
  - d. Who was involved in the planning process?
  - e. What was involved in the planning process?
2. The **goals and sub-goals** you choose to address. Things to consider:
  - a. Did you want to address them all? Could you?
  - b. Was it difficult to choose which sub-goals to prioritize?
  - c. Were there things that you felt needed immediate attention?
  - d. Did you think some sub-goals would be more difficult to address than others?
  - e. Had you considered these as goals before?
3. Documentation of the **implementation process** through:
  - a. Photos
  - b. Videos
  - c. Parent and/ or child testimonials
  - d. Staff narratives
  - e. Changes in menu or schedule
  - f. Other ideas, be creative!
4. **Successes and challenges** of the project:
  - a. Did you have community support?
  - b. Did you, in the past, lose funding for a similar project?
  - c. Did you rework the project after an unsuccessful implementation?
  - d. Was it easy or difficult to get staff on board?
  - e. Were parents easy or difficult to engage?
  - f. Were there unexpected outcomes?

5. The **impact** of the project. Things to look at:
  - a. Change in behavior
  - b. Change in practice
  - c. Change in policy
  
6. **Lessons learned.** Things to consider:
  - a. Challenges
  - b. Successes
  - c. Unexpected consequences, positive and negative
  - d. How can this be replicated by other agencies?

Your final presentation will be recorded. The recording will be laid over your Power Point to create an instructional video for other programs. When preparing your presentation, keep this audience in mind. The video, along with the two page handout will be incorporated into a final guide for programs. You will share authorship for the final guide.

## Is this Funding Opportunity Right for your Agency?

Do you have an obesity prevention and reversal strategy you have wanted to implement if only you had the funding? Here are some ideas to spur your discussions, keep in mind we are looking for innovative NEW ideas; you can create it yourself. It is **not** the use of a single curriculum or a one-time event or activity.

Please don't let these examples hinder your creative thinking.

### **Farther with Fathers:**

We plan to engage the fathers and other adult males and their children in this project. Children admire their fathers and want to be like them. We will combine fatherhood activities (that already take place once a month) and add the healthy active living theme (physical activity and healthy food choices) to all meetings that we do for the next 4 months (April – July). During the project period we will invite fathers to join us meal times to try a new fruit or vegetable with the children. We will permanently change our menu to include the most well received foods and continue to introduce new foods. If the approach is well received by families we will permanently add it to the program service delivery system. At the meetings, the fatherhood groups will make a list of activities they want to do with their children in the next 4 months (either in groups at the center, or on their own as a family). They will pick some activities to do at the center with all families (children and adults). The planning group will engage community partners as needed. The participating families will keep a calendar to record the level of activity and healthy food choices they make during the 4 months, we will use this as part of our evidence and impact measure.

### **Good for Me - Good for You**

Our center serves preschoolers. At our center we plan to offer exercise and yoga classes to parents. Before starting the classes each family (that chooses to participate) will go through an orientation, then meet privately with the nutritionist and set personal goals for themselves and their children (for 1 month, 2 months, 4 months). In the classroom the teachers will add the introduction of new fruits and veggies each week. The children will touch, smell, cook (when appropriate) and taste/ eat the foods. Parents will receive an informational card about the food as well as a recipe on how to prepare it, where to buy it and what health benefits it offers. Classrooms will also offer at least 120 minutes a day of moderate to vigorous physical activity and teachers will use music/movement to teach cognitive skills for this 4 month project period. Prior to starting this project teachers will track the children's behavior, sleep, and eating habits (we will design a form). During the project teachers will track children's behavior, sleep, and response to the 'new' foods. We will use these tracking forms as part of our impact measurement. After the 4 months the teachers, parents and administration will discuss possible changes to the schedule, daily routines, menu, curriculum, parent involvement and education for next year.

### **Baby's BFF**

Our center serves infants and toddlers. We will use this project money to establish a truly breastfeeding friendly center. We will interview parents of babies that are currently enrolled to find out what their impressions were when they first started at the center and again at the end of the project. We will use this as part of our impact measurement. We provide supports for breastfeeding mothers, assess the breastfeeding resources available in our community and make these resources easily accessible to families. We will train all of our staff on the importance of breastfeeding, how to handle and store breast milk and how to welcome a breastfeeding family into the classroom and center. We will earn the NYS Breastfeeding Friendly Designation in all of our centers in The Bronx (10 centers). To compliment this process we will help mothers choose and prepare healthful foods for themselves and their children through weekly cooking classes and introduce new fresh fruits and vegetables to our toddlers weekly.