

Healthy Child Care, Healthy Communities
Child Care Aware® of America Symposium 2016
Roundtable Discussion

Participating States: Alabama, Colorado, Indiana, Missouri, New York, North Carolina

What we wanted to share or learn together:

PASSION

Strategies

New ideas, both of what works and what didn't work

Connections

Health work and intersection of implementation science and our efforts

What we discussed:

Barriers and facilitators to change

In our discussion, participants identified some of the facilitators and barriers to changing the regulatory and quality landscapes.

Facilitators:

- Engaging the community with “door-opening conversations” helps create community buy-in when setting standards.
- Having data, especially through on-site assessments to identify challenges is a great way to ensure that policy recommendations are addressing specific needs. When a policy can be shown to do so, there can be better success and support from multiple sectors. Colorado has examples of how they conducted on-site assessments to inform their regulatory change process.
- Including providers in the regulation change process establishes buy-in and is critical to success.
- Including Child Care Resource and Referral Agencies in process. Child Care Resource and Referral Agencies are repositories of knowledge—of the needs and strengths and areas for growth of child care providers. CCR&Rs, along with providers, should be at the table during policy development. Ensuring that there is a strong partnership with the state agency that gets the child care resource and referral agency to the table and included in the conversations is the best way to ensure that Child Care Resource and Referral agencies make the provider and practitioner voices are heard.
- Identifying the players at the grassroots level in obesity prevention, both in and outside of child care CCR&R systems have vast provider networks and community ties.
- Knowing who the detractors are to the work and being strategic in engaging them can help keep work on track.

Barriers:

- Difficulty changing behavior and gaining buy-in. Obesity prevention work is behavior change work, and adult buy-in (providers specifically) is difficult. One way to get providers engaged and on-board is by determining and offering incentives for communities to change. For example, screen time: what do providers want versus what does the community want and WHY? Assume that providers have a good reason for what they do based on their knowledge and understanding. From there, figure out how can their reasoning, knowledge, and understanding of children can be used to implement what we know is good for children.
- State legislative uncertainty. Lack of continuity among policy makers is a barrier in mobilizing support and in gaining traction for change. Identifying supporters during the planning process can help.
- Fear of regression. If rules are opened up, what are the potential risks and rewards? This can create hesitancy in launching large, statewide pushes for change.
- Insufficient funding .Financing is an issue and will continue to be.

Lessons learned/wisdom from regulation change and quality change processes:

The following lessons learned can be used for planning future regulatory and quality system changes.

- Be sure that you review legislative language and identify all potential interpretations. The lack of specificity in rules can lead to misinterpretation, which could lead to more restrictive or less restrictive rules than intended. It's important to work to get the wording just right so that intent and effect match,
- Politics around rules is important. Be sensitive to the political climate. In some states, if the federal government is behind a recommendation, it might not get traction in a state. Use best practices in those situations; they are more likely to gain political consensus. For example, consider using *Caring for Our Children 3* as your best practice resource.
- Strategic use of regulations and quality initiatives is important. Use regulations to get a solid floor and then use QRIS or Early Learning and Development Guidelines to give enhancements to regulations. This can be a cyclical process...as more are able to meet minimum standards of regulation AND begin to meet higher standards, the floor can rise again.
- Stakeholders—child care advocates, directors, providers-- need to believe in and embody standards. Engage adults in trainings by tapping into their personal stories. Help adults understand that we play a large role in shaping how young children view food. Appeal to the personal, then bring them back to the kids.
- Make connections and jump on the bandwagon of obesity prevention/health initiatives in the state. Find out who is doing the funding and create partnerships, coalitions.