

Movement = Learning for Preschoolers & Their Families

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Why Keep Kids Moving?

At least
30 - 60
minutes
a day

- Learn **healthy habits for life**
(Born 2001: Life expectancy shorter than parents)
- **Increased energy, better mood,
& physical stamina**
(less stress, sleep better, tired less frequently)
- **Build motor development skills**
(eye-hand and eye-foot coordination,
balance, strength, rhythm, directionality)

Active Start

“All children birth to age five should engage in daily physical activity that promotes health-related fitness and movement skills”

**Ref: A Statement of Physical Activity Guidelines for Children
Birth to Five Years.**

**National Association for Sport and Physical Education
in association with AAHPERD**

NASPE Physical Activity Guidelines for Preschoolers

1. Accumulate at least 60 min. a day of structured physical activity (PA).
2. Engage in at least 60 min. up to several hours per day of unstructured PA and not be sedentary for more than 60 minutes at a time (except sleeping).
3. Develop competence in movement skills that are building blocks for more complex movement tasks.
4. Have indoor and outdoor areas that meet or exceed recommended safety standards for performing large muscle activities.
5. Individuals responsible for the well-being of preschoolers should be aware of the importance of PA and facilitate movement skills.

**I AM MOVING,
I AM LEARNING**

**Promotional Agency:
The Office of Head Start
(formerly The Head Start Bureau)**

ILIM Objectives

- Increase the quantity of time spent in moderate to vigorous physical activity (MVPA) during the daily routine to meet national guidelines for physical activity;
- Improve the quality of structured movement experiences intentionally facilitated by teachers and adults;
- Improve healthy nutrition choices for children every day.

ILIM Description

- “...reinforces for grantees the importance of the mind-body connection and the relationship between physical fitness and early learning.”
- “provides grantees with strategies and resources for infusing quality physical movement and healthy nutrition choices within their familiar curriculum approaches and daily classroom routines.”

What is IMIL?

- *National Launch begun 2006*
- **14 Head Start Regions**
- **Non-prescriptive initiative**
- **Process evaluation underway**
- **National Award – Admin. For Children and Families (ACF) Assistant Secretary's 2006 Partnering for HHS Excellence Award**

INIL Implementation

- Dec. 2007: trainings in 8 of Head Start's 14 regions
- April 2008: trainings in all 14 regions
- Early Head Start program planning beginning in May 2008
- Project Summary:
http://www.acf.hhs.gov/programs/region3/docs/Fatherhood/i_am_moving_summary_report.pdf

Strategies Targeted to Children

- Structuring MVPA for children with rhythm stick dancing, hoop maze, dancing scarves, balance board, and scooter weaving.
- Reinforcing healthy choices using colors, sequencing, grouping and classifying, literacy, language development, as well as MVPA awareness.

Strategies Targeted To Families

- Encouraging male involvement in MVPA in conjunction with Fatherhood Initiative efforts.
- Scheduling parent volunteers to assist with MVPA in classrooms and contribute to discussions about nutrition and healthy food choices during meals.

Strategies Targeted to Staff

- Beginning monthly program staff meetings with an integrated 10-minute MVPA led by a different staff member team each month.
- Establishing a partnership with the local recreation department to train teachers in a physical fitness curriculum and conduct twice weekly fitness sessions.
- Holding a “Walk 4 Fitness” Challenge – a program-wide tracking of steps throughout the year for staff and parents using pedometers.

Strategies Targeted To Communities

- Integrating *I Am Moving, I Am Learning* into a Positive Youth Initiative to involve high school youth trained to lead children and parents in MVPA during family events.

Evaluation

- MVPA has increased in some classrooms
- Parents have participated
- Program policies and procedures have changed
- Teachers/staff report weight loss and attribute it to moving with the children during the day
- Community partners changed policies and procedures

ACTIVE BODIES Making the healthy
choice, the easy choice!
ACTIVE MINDS

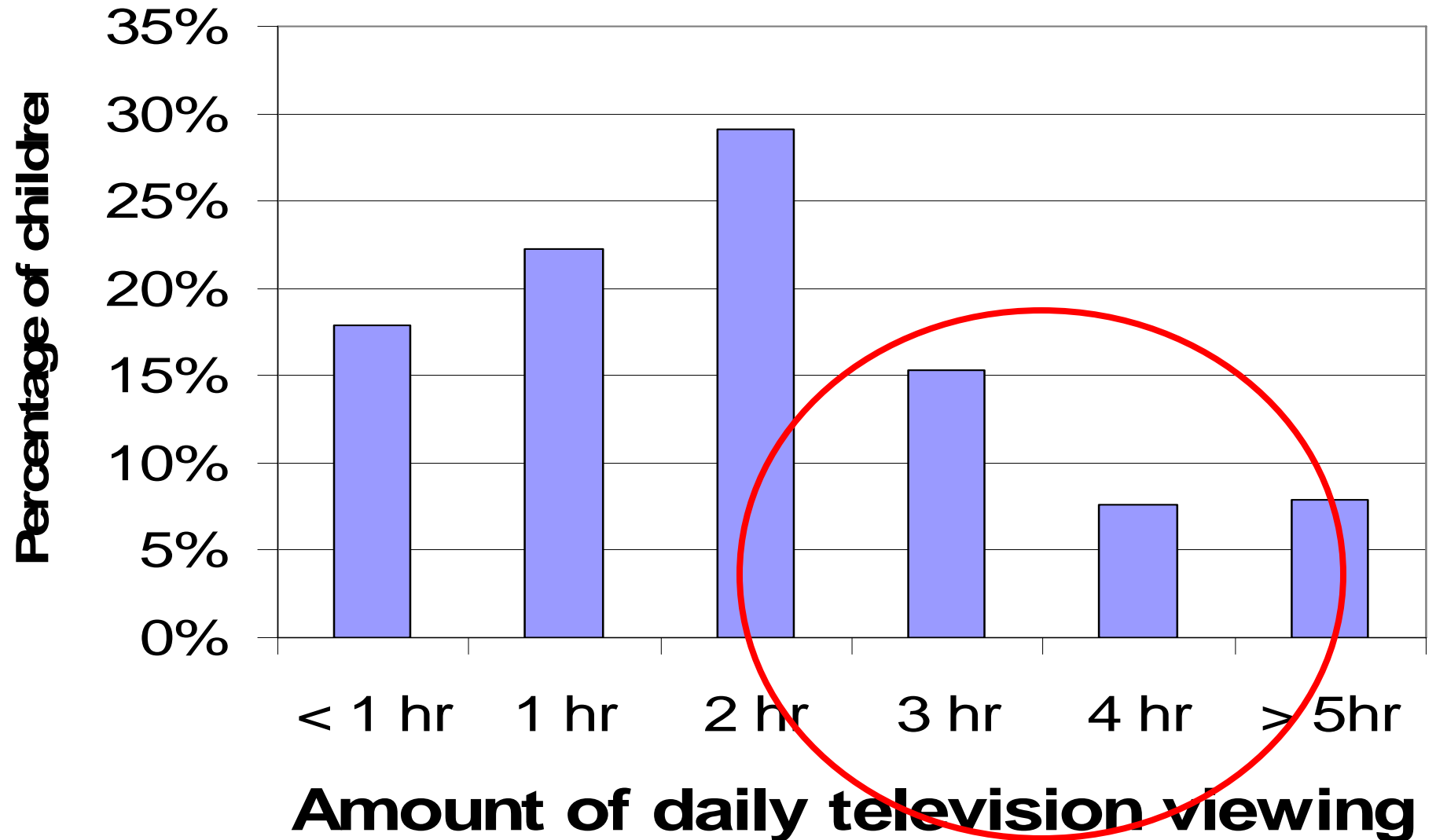
Screen Time Reduction in Early Childhood



Donna Johnson, PhD, RD

TV viewing in US preschoolers

(Mendoza, 2006)



TV and Overweight

Odds of being overweight or at risk for overweight: TV viewing as predictor

	Odds Ratio	[95% CI]
≤ 2 hrs of TV	Ref	
> 2 hrs of TV	1.43	[1.04, 1.96]

*Controlling for age, gender, race/ethnicity, income, and physical activity

Excessive time in front of the TV during early childhood has been linked to:



- Decreased academic ability
- Decreased learning capability
- Underdeveloped imagination and creativity
- Problems with attention and patience
- Poor development of planning, organizing and judgment skills.
- Increased aggressive behavior

Reducing Children's Television Viewing Time: A qualitative study of parents and their children

- Parents are attracted by potential for improvements in:
 - Quality time with children
 - family communication
 - school performance
 - behavior
- Potentially Acceptable TV reduction strategies:
 - Turn off background TV
 - TV-free meals
 - No TV after school if there is acceptable alternative

Portfolio of Washington State TV Interventions

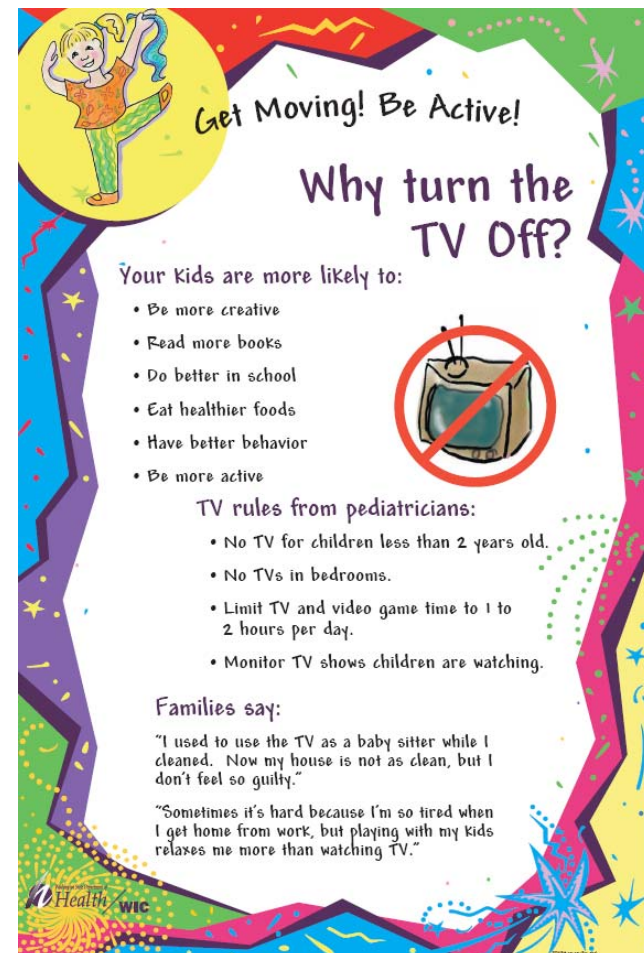
<u>Project</u>	<u>Organization</u>	<u>Target</u>
Healthy Habits	WIC	Staff & families
Screen Policies	Healthy Child Care WA	Child Care Providers
ClickKit	Early Childhood education	Teachers & families

WAABAM!

WIC Healthy Habits Results

(Johnson et al. Am J Health Promot. 2005, 19:418-421)

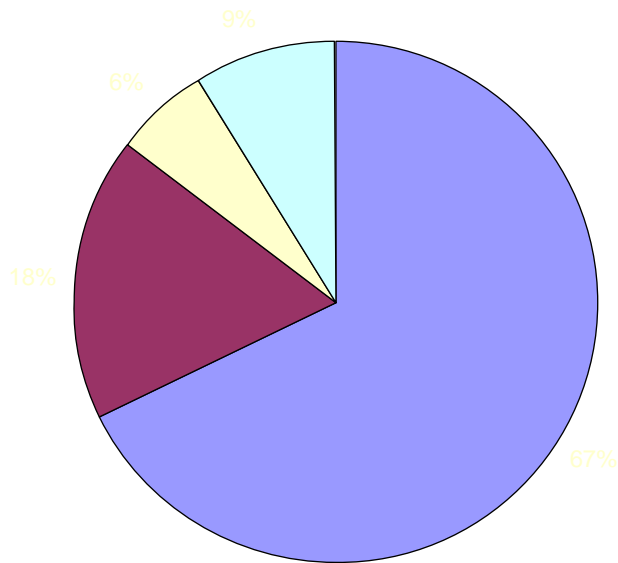
- At baseline, 64.2% of WIC clients reported watching two or less hours of television per day. After the intervention, 70.5% limited television viewing to this recommended level. ($p < .001$)
- At baseline 65% of respondents reported that they don't usually or never watch television during meals, but after six months, 69% of respondents reported not watching television during meals. ($p < .001$)



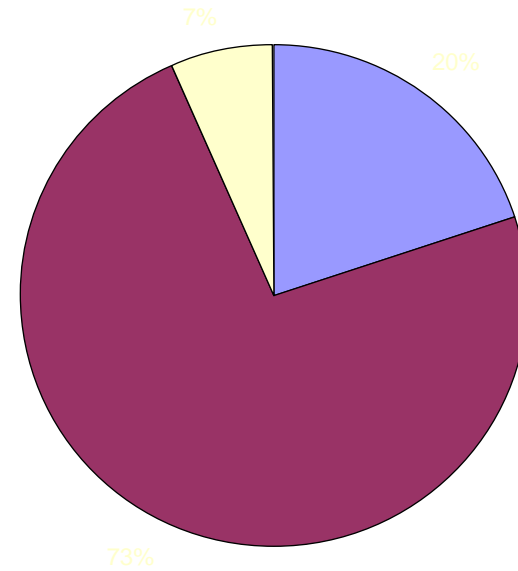
Screen Time Policy: Results

		<u>Pre</u> N (%)	<u>Post</u> N (%)	<u>P value</u> for difference
Distributed TV guidelines to families in past month	Intervention	4 (11%)	19 (53%)	<.001
	Control	6 (21%)	3 (11%)	
Discussed TV guidelines with families in past month	Intervention	7 (19%)	17 (47%)	.002
	Control	7 (25%)	3 (11%)	
Existence of TV policy	Intervention	16 (44%)	21 (58%)	.529
	Control	22 (79%)	23 (82%)	

ClickKit: TV Reduction Activities in EACAP



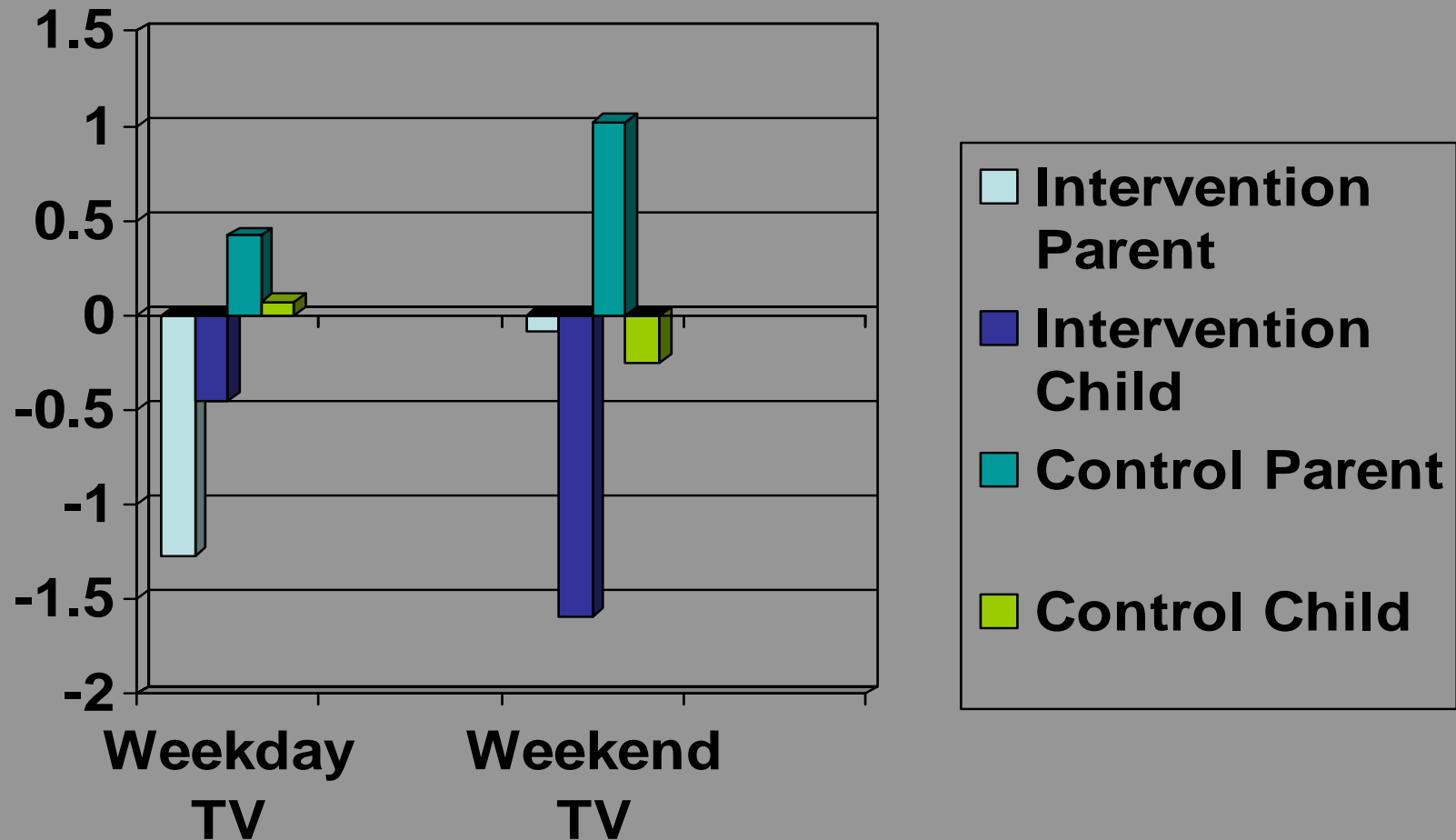
At baseline



At follow-up

- None
- 1-2 /month
- 3-8 /month
- No answer

ClickKit: Change in Hours of TV Viewing in Homes



What did we learn from evaluation?

- TV reduction is feasible in early childhood settings.
- Early efforts show promising outcomes.

Website: www.waabam.org

• HOME

• MISSION

• LINKS

• CONTACT US

ACTIVE BODIES ACTIVE MINDS

Minimize Screen Time, Maximize Health

• Why Reduce Screen Time?

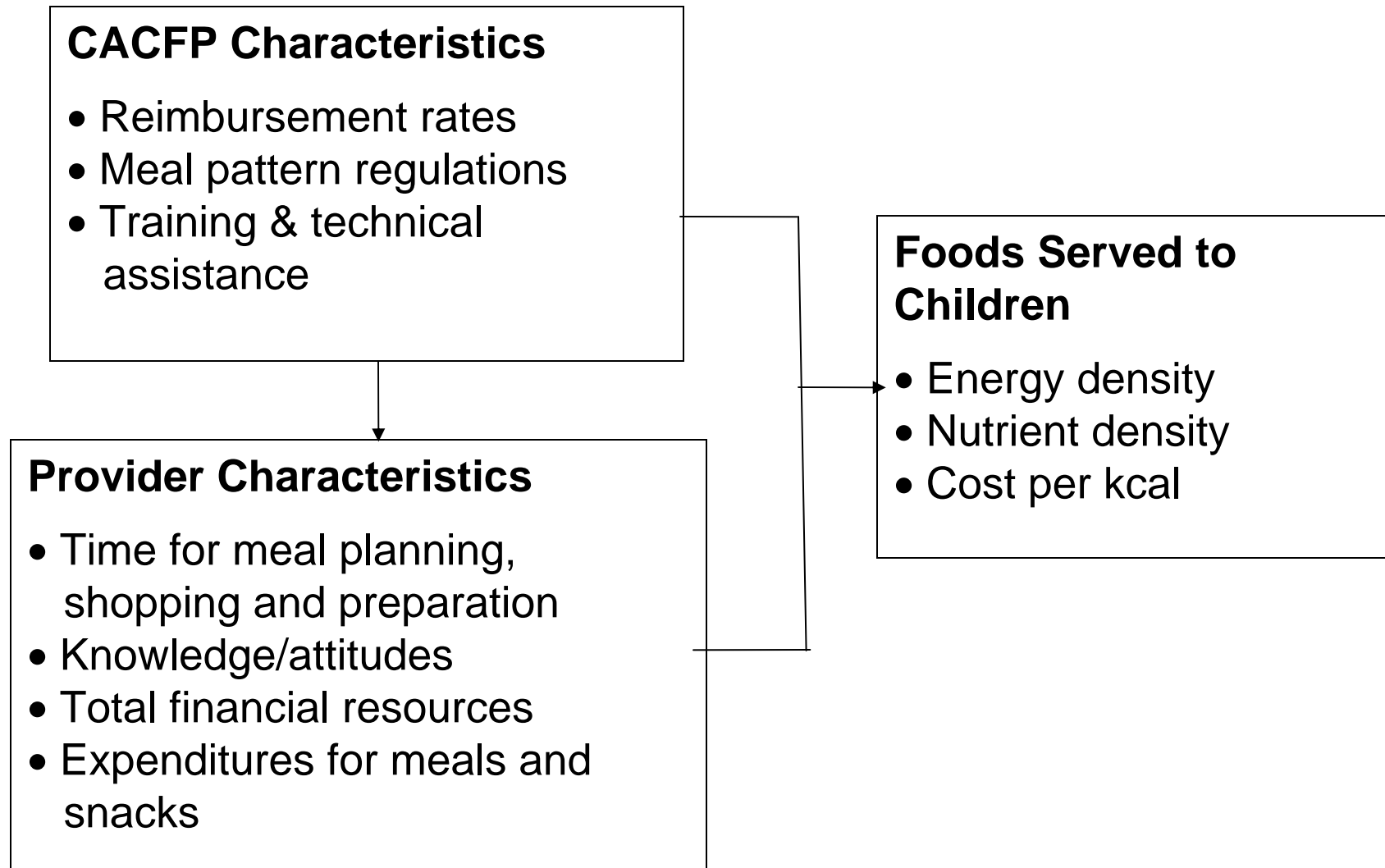
• Key Messages

• RESOURCES
For Families

• RESOURCES
For Early Childhood Professionals



Conceptual model for Cost and Quality Study



Cost and Quality: Economic Determinants of Foods Served in Day

Care Homes

- Aim 1: Examine the impact of tiered and supplemented CACFP reimbursement
- Aim 2: Examine the relationship between food expenditures and food quality
- Aim 3: Explore contextual and other influences on CACFP providers' food choices

RWJF Healthy Eating Research Child Care Nutrition Grantees

- Marlene Schwartz – Yale
- Bob Whitaker – Temple
- Beth Dixon – New York University
- Diane Ward – University of North Carolina
- Len Hecht – California Food Policy Advocates
- Donna Johnson – University of Washington