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COMMENTARY

Using Evidence to Create Active Communities: Stories from the Field—Policy and Research with Chicago's Child Care Centers: a Commentary to Accompany the Active Living Research Supplement to *Annals of Behavioral Medicine*

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The Consortium to Lower Obesity in Chicago Children (CLOCC) is a nationally recognized childhood obesity prevention program housed at the Ann and Robert H. Lurie Children's Hospital of Chicago [1]. This network connects hundreds of organizations to implement evidence-based approaches to protect children from the obesity epidemic. It has been identified as a leading community model by the Institute of Medicine, the American Medical Association, and the Centers for Disease Control and Prevention. CLOCC's primary focus is on children aged 0 to 5 years, their caregivers, and their communities. Its work is led by a multi-disciplinary team of staff and advisors and guided by community partners from across the city. CLOCC's partners cut across medicine, government, corporate, academic, advocacy, and other sectors. Currently, there are over 3,000 individuals representing over 1,200 organizations who participate in the consortium. Many are in the Chicago area and participate in a variety of consortium activities. Some are located outside of the city and state and participate through engagement with CLOCC's website (www.clocc.net) or by receiving CLOCC's weekly e-letter. A small subset of organizations and individuals provide leadership through CLOCC's External Advisory Board and Executive Committee. CLOCC is creating and sustaining the types of multi-level collaborations recommended by our nation's health leaders.

The primary benefit of the consortium's size is that there are substantial opportunities for collaboration and many partners can come together for specific projects, to advance policy, and to strengthen obesity prevention in Chicago and beyond. The size and diversity of the consortium help to facilitate the multi-sectoral work and focus of the consortium. Challenges that come with the magnitude of the consortium include the size of the staff that must be supported to manage the numerous projects and activities, the complexities of actively engaging such a diverse group of partners, and evaluating the impact of the consortium's activities on the capacity of partners. However, some of these challenges are true for coalitions and consortia regardless of their size. When funding is available, CLOCC provides technical assistance to communities of varying size to support the development of local childhood obesity prevention consortia and includes discussions of the pros and cons of many of the approaches CLOCC takes.

One of the collaborations CLOCC helped to create and sustain, the Inter-Departmental Task Force on Childhood Obesity (IDTF), recently contributed to an early childhood policy change in the City of Chicago. The IDTF is an award-winning 11 city agency task force led by the Chicago Department of Public Health (CDPH) and facilitated by CLOCC. In 2009, CDPH and the Chicago Board of Health passed a joint resolution to improve child care standards related to nutrition, physical activity, and screen-time (e.g., television and computers).

The standards prohibit the serving of sugar-sweetened beverages to all children and limit 100 % fruit juice to children 12 months of age and older. They allow only 1 % or nonfat dairy for children over the age of 2, unless greater fat content is medically prescribed. The standards set minimum minutes for physical activity (60 min for children ages

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12 months or older attending for six or more hours in a day) and require at least 30 min of structured and guided physical activity for children ages 3 and older. Adequate periods of outdoor play shall be provided daily for all children, except during inclement weather and children shall not be allowed to remain sedentary or to sit passively for more than 60 min continuously, except during scheduled rest or naptime. The standards also set maximum minutes for the use of screen-based activity (should engage in no more than 60 min per day and 30 min at a time, only educational or movement-focused, and only for children ages 2 and older).

The standards were developed by the IDTF through the leadership of CDPH and the Chicago Department of Family and Support Services. The standards were further strengthened in 2011 with the addition of guidance for fat content in dairy products served in child care. CLOCC received a Robert Wood Johnson Foundation Healthy Eating/Active Living Research Rapid Response grant in 2010 to study the impact of these changes on child care center practices and environments.

Based on our experience implementing and evaluating these policy changes, CLOCC presents the following recommendations for partnerships interested in pursuing similar policy change approaches with accompanying evaluation to ensure proper implementation and sustainability:

1. Recognize that there are at least two types of policy change, and this work takes both types to make environmental changes sustainable. "Big P" policies are created at the governmental level and usually require legislation. For example, passing a city joint-use law requiring schools to open playgrounds for community use outside of school hours. "Little P" policies are adopted at an institutional level and usually require executive- or other senior-level commitment, as opposed to legislation. An example of little p policy is a community-based organization deciding that all snacks provided to children participating in programs will meet the Dietary Guidelines for Americans. Our work indicates that policy changes to create healthier child care settings are most sustainable when Big P policy approaches (e.g., city- or state-level requirements) are combined with little p policy approaches (i.e., individual child care centers adding information about the policy to their operations manual). In Chicago, the city's commitment to a successful policy led to their support of a training initiative that helped child care centers identify mechanisms for integrating the new standards into their daily practices.
2. Use a collaborative approach to advance policy that aligns with the missions of multiple agencies. Multisectoral policy change may be more successful when efforts engage all entities responsible for development, implementation, and monitoring of the proposed policy. The changes in child care standards in the City of Chicago were made possible through the work of the IDTF. CDPH consulted with the IDTF and in particular with those agencies that had expertise in early childhood development and who had significant experience working with the child care community. This expertise was critical throughout the policy creation, adoption, and implementation of the modified child care standards. CLOCC also communicated with the IDTF during the research study to evaluate the standards.
3. Look for policy opportunities beyond local government to support and sustain the local changes. Chicago partners are now exploring opportunities to expand the Chicago child care standards throughout the State of Illinois to further strengthen them and support child care providers who are responsible for adhering to policies at various levels of government, as well as those who are responsible for enforcing adherence to these policies. Health and early childhood advocates are exploring the possibilities that exist within the State's Quality Rating and Improvement System (QRIS), a voluntary incentive program for child care providers to improve the quality of child care; administered by the Illinois Department of Human Services Advisory Council. Most states implement a QRIS, and the Altarum Institute has published a helpful resource, *State efforts to address obesity prevention in child care quality rating and improvement systems* [2] for people interested in learning more about these efforts.
4. Be open to expanding upon previous work as new evidence and best practices become available. Since the initial work on the Chicago standards, the importance of breastfeeding in the prevention of childhood obesity is increasingly supported by the evidence [3]. As a consequence of the emerging data, advocates, such as CLOCC, are recommending that the City of Chicago and the State of Illinois address breastfeeding promotion in their respective standards to ensure that child care providers are supportive of breastfeeding mothers and their children utilizing these centers.
5. Consider testing new or proposed policies with limited roll-outs or voluntary phase-in periods to give regulatory and implementing organizations an opportunity to improve on policies or remove potential unintended consequences. From 2010 to 2011, CLOCC conducted a study to: (a) assess the current child care environments in Chicago in terms of physical activity, nutrition, and screen-time; (b) identify child care center factors that facilitate or inhibit compliance with the new standards; and (c) share the findings with the CDPH to optimize successful implementation of the standards. Preliminary results from the study suggest that child care center staff accepted, and in many cases welcomed, the policy

change. Participating center staff reported that the educational sessions provided as part of the study were very helpful and recommended even more in-depth training be provided to support centers in adoption of the new standards. Opportunities and barriers to implementation of the standards were also identified and will be published at a later date. This information is helping city agencies develop plans for training and supporting child care providers to successfully adopt the standards.

6. For those individuals wanting to conduct similar applied policy research with child care centers, CLOCC suggests the following: use mixed methods (i.e., direct observation, interviews with child care staff, and accelerometry) to gather perspectives from "insiders" who are charged with implementing the new standards and "outsiders" who can observe in minimally intrusive ways; provide incentives to centers for their participation in the study when such participation requires time and attention to things outside of typical daily routines; form a study advisory committee that includes participating researchers, relevant government agencies, and representatives from the child care community; and share findings with all interested parties, including the centers once data analysis is complete.

There is an emerging need and ample opportunity to work within the child care setting to address the childhood obesity epidemic by creating an environment where infants, toddlers, and children have access to nutritious food and safe opportunities for structured and unstructured physical activity while they are away from home. Policy changes to create these opportunities are promising strategies [4]. However, health advocates and government entities need to work in collaboration with child care providers to ensure that the proper supportive structures and resources are in place for successful implementation. Additional efforts are needed to develop effective methods for evaluating policy change more generally and more specifically to understand further the needs and opportunities for obesity prevention policy change in child care settings to create environments that support active and healthy living for the early childhood population.

Conflict of Interest The authors have no conflict of interest to disclose.

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