Advancing Uptake of Evidence & Community Engagement for Healthy Child Weight

FUNDED PROJECTS

In this initiative, the Harvard Catalyst Community Engagement Program invited pilot grant applications to support research to advance the uptake of evidence-based practices and policies related to healthy child weight through dissemination and implementation science, while increasing academic-community collaboration by supporting teams of investigators and community practitioners or policymakers that can be sustained beyond the grant period. This pilot grant opportunity sought to engage a broad range of clinical, public health, public policy, educational, and other investigators from across the Harvard community, and provided seed money for cutting-edge, translational research in the childhood obesity and/or healthy child weight field.

Interventions that were the focus of this funding opportunity were required to have a solid and rigorous evidence base. As challenges around achieving and maintaining a healthy weight disproportionately affect children who are African American, Latino, Native American, and from low-income families, particular focus was needed on interventions that have the potential to reduce racial, ethnic, and socioeconomic disparities.

Two pilot grants were awarded and funding decisions were announced in May 2019.

City healthy agency approaches to implementing evidence-based health promotion policies in early childhood settings: Strategies in diverse neighboring cities

Principal Investigators: Caroline Dunn, PhD, Harvard T.H. Chan School of Public Health
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Co-Investigators: Sara Bleich, PhD, Harvard T.H. Chan School of Public Health

Funding: $125,000

Early childhood is a critical time for the formation of habits for eating, physical activity, and other behaviors that contribute to a healthy weight. Intervening to support healthy habit development in this sensitive period may be crucial as weight trajectories become more difficult to change with age. Early care and education (ECE) programs provide structured care for children and are important partners in early obesity prevention efforts because children spend an average of 30 hours per week in these settings. Nationally, 60 percent of young children not already in kindergarten are enrolled in an ECE program (up to 70 percent in the northeastern U.S. region), and therefore, policies to improve the nutrition and physical activity environment of ECEs have the potential to impact obesity risk for hundreds of thousands of children, including those already experiencing the greatest health disparities. Evidence-based policies for building healthy ECE environments provide a set of measurable goals for childcare providers, but ECEs may experience barriers to policy implementation. City health agencies can support the development of healthy ECE environments by understanding the contextual factors that encourage or inhibit evidence-based policy adoption and implementation. However, notable gaps exist in our understanding of technical assistance needs, incentives for action, or implementation strategies for evidence-based policies in ECEs or about preferred and cost-effective approaches for policy dissemination and implementation (D&I).

The goal of this project is to leverage partnerships with the Boston Public Health Department (BPHC) and Cambridge Public Health Department (CPHD) to identify approaches for city health agencies to support ECEs in implementing evidence-based policies developed at both the national and local levels. By doing so, we aim to increase opportunities for young children to form healthy habits, especially low-income children and children of color who have been most vulnerable to the childhood obesity epidemic. Specifically, we aim to: 1) systematically evaluate wellness policies from a diverse sample of ECE providers to determine the extent to which they currently incorporate nutrition, physical activity, and screen time guidelines; 2) identify determinants of effective implementation of new CACFP policy within participating child care centers and use this information to modify existing city-level technical support strategies; 3) examine barriers, facilitators, and capacity for the adoption of CPHD local wellness policies as well as preferred approaches for D&I among ECE providers; and 4) evaluate the impact of a tailored intervention from the Boston Health Child Care Initiative (BHCCI) that combines training, technical assistance, and learning collaborative to support effective implementation of CACFP healthy eating policies among Boston ECEs participating in CACFP.

Promoting redemption and retention within the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Principal Investigator: Eric Rimm, ScD, Harvard T.H. Chan School of Public Health

Co-Investigators: Erica Kenney, ScD, Harvard T.H. Chan School of Public Health

Funding: $75,000

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides food assistance, nutrition education, and health service referrals to low-income women, more than half of infants, and 3.7 million children under 5 years of age in the U.S. In 2009, WIC updated its food packages to enhance nutritional quality and target increasing childhood obesity levels. In the years following this change, there was a small but significant reduction in obesity among WIC participants aged 2-4 years old, suggesting that WIC is an evidence-based program to prevent obesity in this age group. However, among eligible families, those with 2-4-year old children are the least likely to participate in WIC. Moreover, even among those participating, WIC food benefits are not fully redeemed.

The goal of this project is to identify implementation factors that can be modified to accelerate uptake of the Massachusetts (MA) WIC program via improvements in redemption and retention. Specifically, we aim to: 1) use 4 years of MA WIC redemption and retention data to identify individual-, household-, retailer-, and clinic-level factors associated with incomplete food package redemption and program dropout; and 2) conduct focus groups with current and former WIC participants to understand factors that lead to incomplete redemption and dropout. Together with our MA WIC partners, we will leverage our findings to develop concrete strategies to advance uptake that can be disseminated to local MA WIC agencies, the National WIC Association, and the USDA. Findings from this pilot project will inform the design of future interventions.