

# Implementation Strategies to Support Physical Activity Licensing Standards in Early Care and Education Settings

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## Background

- National Guidelines: children as young as 12 months should engage in 90 minutes of structured & unstructured physical activity (PA) per day (SHAPE America, 2009)
- PA behaviors developed in early childhood (before 6 years of age) track both within that age group and into later childhood (Jones, Hinkley, & Okely, 2013)
- Early care and education (ECE) settings offer a promising venue to promote PA. 76% of 3-5 year old children have at least one weekly, non-parental child care arrangement (Mamedova S & Redford, 2012).
- Changing licensing regulations to require PA best practices is a promising strategy. Promotes health equity by improving ECE environments for all children.
- Since 2011, 25 states have implemented licensing regulations that include obesity prevention (CDC, 2016). Preliminary evidence suggests that these policies can result in improvements in child health (e.g. PA, healthy food consumption; O'Neill, Dowda, Benjamin Neelson, 2017; Stephens, Xu, Lesensne, 2014).
- Changing licensing regulations is just the first step. Also need effective implementation and enforcement. Prior research suggests that knowledge of and compliance with these policies can be low (Van Stan, Lessard, Dupont Phillips, 2013)
- AIMS:** Identify the mechanisms used by states to communicate and implement PA regulations and any outstanding challenges to implementation or enforcement.

## Methods

### Sampling: 2 levels

- Initial sample: 9 states that have licensing regulations requiring 60-90 minutes of PA for toddlers in full-time care (Public Health Law Center, 2017).
- Requested an interview with state licensing administrator in all 9 states. During interview, participants identified others in their state for interviews (e.g. non-profit training partners, licensing inspectors, government employees in other agencies or departments involved communication, enforcement and/or support of the PA regulation).

### Data Collection

- Semi-structured in-depth phone interviews (conducted fall & winter 2017), audio recorded & transcribed
- Interviews addressed: how regulations were enacted and rolled out, communication and implementation strategies, barriers to implementation and enforcement, recommendations for other states.

### Data Analysis

- Focused thematic analysis involving both deductive and inductive coding
  - List of preliminary codes generated from literature review, data and aims.
  - Additional inductive codes added during coding.
  - Reliability established by 2 coders coding 4 transcripts & resolving discrepancies.
  - Remaining transcripts were coded by 1 coder, reviewed by a 2<sup>nd</sup> coder, and discrepancies resolved.
  - Themes generated during an iterative process. First 2 authors used codes to write preliminary themes, then moved between discussing themes, returning to the data to confirm themes, and writing about and revising themes until they had agreed on final set of themes.

All study procedures were given Expedited Review and approved by the IRB of the University of Delaware. All interviewees provided informed consent to participate.

## Results

**Final Sample:** Seven of the nine states included in the initial sample. CO (n=3), KS (n=3), LA (n=4), MS (n=3), NM (n=4), RI (n=2), WV (n=1).

### Implementation and Enforcement Mechanisms

- Most states reported **few serious challenges in implementation** of the PA rule. *"People have really been pretty good about incorporating this. It's not on our radar as them having difficulties. Actually, we've heard from programs that it was pretty easy to incorporate."* (Licensing administrator)
- Successful implementation attributed to three actions during rulemaking**
  - Writing clear rules** that are easy for providers to understand. Respondents identified 3 areas that should be clearly articulated in licensing regulations: how many minutes of PA are required each day (may be different for p/t versus f/t care), where the PA should be performed (inside or outside), and a description of the kind or quality of PA that is expected (e.g. specifying moderate to vigorous activity).
  - Engaging providers and advocacy community** during rulemaking using advisory boards, formal hearings, informal listening sessions. *"Usually if you can explain why you want the change that you want, [the provider community] can understand. I think having a good mix on a taskforce, having a good mix on the advisory councils is important, because you do get to see other sides."* (Non-profit training partner)
  - Linking with partners** (e.g. health department, non-profit partners). Coordinated partnerships allowed other agencies to fill gaps in licensing office. Opportunities were missed when agencies did not coordinate efforts.
- Inspections were most frequently used to assess compliance.** Licensing offices attempted to partner with providers, rather than being seen mainly as enforcement. *"We want them to be in compliance and they want to be in compliance because that's what's best for kids. And so if we work as partners and they don't see us so much as right [from] the get-go coming out and being the enforcer, we feel like it's worked very well and we've seen not as much pushback when we roll out new rules."* (Licensing Inspector)  
Many states lacked training for licensing inspectors which may have hindered their ability to provide training and technical assistance to providers.
- Other mechanisms:** newsletters, printed copies of regulations, implementation guides, linking to existing web-based resources, and mini-grants.
- Most states **lacked information about effectiveness** of support mechanisms.

### Implementation Challenges

- Challenges faced by licensing staff in providing training and technical assistance (TA) to providers**
  - Struggled to reach providers located in rural areas and those without access to or familiarity with technology. *"I probably don't catch everyone, because they do everything now by email. Not everyone checks their email. Not everyone has access to email because we are such a rural state."* (Director of a state agency)
  - High rates of turnover and large case loads among licensing specialists *"Our budget is being eviscerated every year. Our agencies – they're being asked to do more with less... They can't keep people on staff because they're underpaid...there's so much turnover, you don't get a lot of long-term wisdom. The wisdom walks out the door every few years because they've got to go find another paying job."* (Non-profit training partner)
- Challenges faced by providers in offering PA for young children.**
  - Providers needed training and TA in creating safe indoor & outdoor spaces *"Very few centers have a dedicated indoor gross motor area, and very few centers have generous enough square footage in the buildings that they can dedicate spaces for indoor gross motor activities. That can be very limiting if they're not going outside. Moving to the outside area, in some but not all cases, the spaces are fairly small... We have also discovered a number of safety issues on the play spaces here."* (Non-profit TA partner)
  - Providers often needed examples of activities that would keep children engaged in PA.
- Extreme weather** *"In areas where there's snow on the ground or it's a little colder, it might be harder for the physical activities because it's a lot easier to throw the kids outside for 30 minutes or an hour than it is to try to find stuff to do inside."* (Non-profit training partner)  
Some states provided guidance about when children should be outside (e.g. children should go outside when the temperature is between 40°F and 80°F).

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## Conclusions and Implications

- Recommendations for states:** licensing regulations should be carefully and specifically written to aid in implementation and enforcement, coordinated efforts with other government offices and non-profit partners can ensure the provision of useful and timely training and TA, and licensing administrators should prepare for and be ready to address resource and knowledge limitations in their own offices and among providers.
- Licensing regulations are not the only policy lever that can be used to change provider practice, and are probably best used in conjunction with other efforts.
- There are opportunities for better collaboration across agencies and non-profit partners.
- Additional evaluation is needed to fully understand the impact of PA licensing regulations.

