

Sesame Street Healthy Habits for Life Resource Kit Provides Benefits for Child Care Providers and Young Children



Background

Over the years, childhood obesity has become a national crisis, with one in five children becoming overweight or obese by age 6¹. The escalating rates are particularly evident among children of African-American and Hispanic backgrounds, as well as of low-socioeconomic status².

Early childhood is a critical time for addressing this concern in order to further prevent its accompanying physical and mental health complications.

Parents and child caregivers have been shown to influence children's eating habits through food modeling and food socialization practices and are in a position to instill awareness about nutrition and health³. Realizing this opportunity, the Sesame Street Healthy Habits for Life resource kit was developed in both English and Spanish by the Sesame Workshop as a resource to help parents and caregivers support healthy habits for children. The kit includes an activity binder, a DVD, and a storybook and encourages parents and caregivers to teach young children about nutrition and physical activity through activities and videos.

In 2008, First 5 LA, together with the First 5 Association of California and a few smaller County commissions, formed a strategic partnership with the National Women, Infants and Children (WIC) Association and the California Department of Public Health to jointly promote good nutritional habits and physical activity among children prenatal-5 years by distributing the Sesame Street Healthy Habits for Life kit. First 5 LA conducted a study exploring the effects of the kit on child care providers.

Methods

Child care providers were recruited for the study in 2009 through a First 5 LA Workforce Development Initiative program, Families, Friends, and Neighbors (FFN). The FFN program aims to enhance the skills and knowledge among license-exempt providers (i.e. providers who care for children in non-traditional settings such as their homes) with regards to quality child care and child development. FFN providers were assigned to one of two groups: the "intervention" group, which used the Sesame Street Healthy Habits for Life resource kit for two months* and the "comparison" group, which did not. Analyses of child care provider characteristics such as education, age, income and language showed no significant differences between these two groups. Table 1 provides a description of characteristics for the whole sample.

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* Duration of use of kit was determined based on the varying cycles of the different FFN programs

Child Care Provider Characteristics		Whole Sample N = 53 (100%)
Gender (Female)		N = 52 (98%)
Educational Level (high school or less)	Not completed high school	N = 27 (50.9%)
	High school diploma/GED	N = 18 (34.0%)
	Beyond high school	N = 8 (15.1%)
Ethnicity (Latino)		N = 49 (92.5%)
Household income	<\$10,000	N = 18 (37.5%)
	\$10-\$20,000	N = 15 (31.3%)
	>\$20,000	N = 15 (31.3%)
Age	18-30 yrs	N = 10 (18.9%)
	31-40 years	N = 20 (37.8%)
	41-50 years	N = 14 (26.4%)
	51 years-over	N = 9 (17.0%)
Language Spoken	English only	N = 5 (10.0%)
	Spanish only	N = 23 (43.4%)
	Bilingual	N = 25 (47.2%)

Table 1

Results

I. Child care providers found the resource kit helpful.

Based on the focus group findings, the vast majority of providers found the kit to be very helpful in teaching young children about health. They reported that the activity binder was most helpful, followed by the DVD and the storybook. Those who reported using the activity binder said that it was easy, self-explanatory and engaging. Providers who used the binder gained more nutrition information, were able to introduce new kinds of foods to the children in their care in an attention-grabbing, fun manner, as well as spend more recreational time with them. Activities most frequently used include the Mystery Food Box, the Feel Good Mask, the Animal Moves, and the Sometime/Anytime foods.

Providers who found the DVD to be helpful reported that the children were very interested in the Sesame Street characters as well as the music and songs.

In addition, some providers reported that they themselves were encouraged by the kit to engage in healthy lifestyle activities, including experimenting with new foods, looking up new cooking recipes, reading food labels, purchasing juice blenders, and building vegetable gardens.

The few providers who reported less use for the kit mentioned the difficulty using the activities with some children due to their very young ages (e.g. infants) and short attention span. A few others found some components of the kit such as the DVD and storybook to be least practical. Two who reported the DVD as not being useful provided reasons such as parents not allowing their children to watch TV, or simply not having enough time to watch it. One participant mentioned that the storybook was not much use because children would get bored of reading the same book repeatedly.

The final sample of 53 child care providers (30 in the intervention group, 23 in the comparison group) completed surveys on knowledge, attitudes and behaviors around nutrition and physical activity with respect to care of children and within their individual lifestyles. The survey items were based on the content from the kit. Changes in the levels of knowledge, attitudes, and behaviors were examined over two time periods: at the start of the study (Time 1) and two months later (Time 2). In addition, the intervention group completed a follow-up survey five months (Time 3) after the end of the two-month period to investigate any long term effects. Focus groups were also conducted with 16 providers in the intervention group to capture their perspectives on their experiences with the kit.



“The Mystery Box activity helped me to teach other types of fruits and vegetables.”

— Childcare Provider

“So when they see them [Sesame Street characters] grabbing the lettuce and tomatoes they are very attentive to that...they’ve used those TV characters to grab the children’s attention to the video.”

— Childcare Provider

“I started a vegetable patch so the children can see how plants [fruits and vegetables] grow.”

— Childcare Provider

“I looked up recipes online, things like easy recipes or children’s recipes. I registered and now I receive a Kraft recipe book like every other month.”

— Childcare Provider

II. Providers who used the kit significantly improved their knowledge around nutrition.

In the surveys, providers were asked how much they knew about healthy and unhealthy foods in general, as well as how much they understood their body signals (i.e., when hungry or full from eating). The intervention group rated their level of knowledge about healthy foods and foods that are high in fat, sugar and salt as significantly greater compared to when they first started, whereas the comparison group did not. They also reported significantly greater changes in the level of understanding their own body signals.

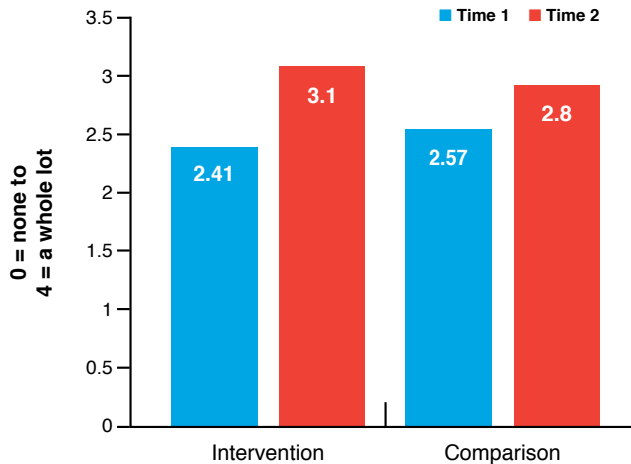


Figure 1: Provider knowledge about healthy foods

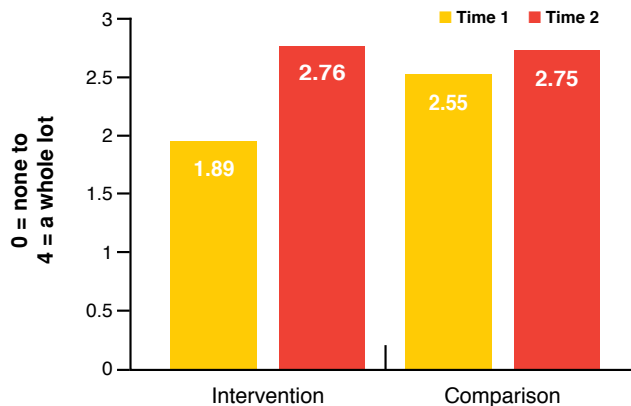


Figure 2: Provider knowledge about foods high in fats, sugar and salt

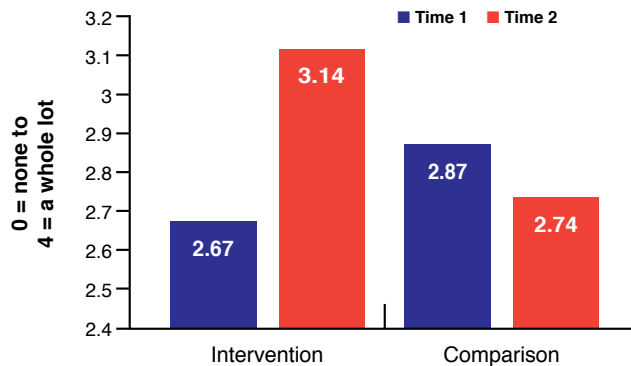


Figure 3: Provider understanding of body signals (e.g., hungry, full)

III. Providers who used the kit significantly improved child caregiving practices with respect to nutrition and physical activity.

In the surveys, providers were asked to rate how often they discussed the benefits of a healthy lifestyle with children during the past week. At the end of two months, providers in the intervention group reported discussing the benefits of a healthy lifestyle with children significantly more often than the comparison group.

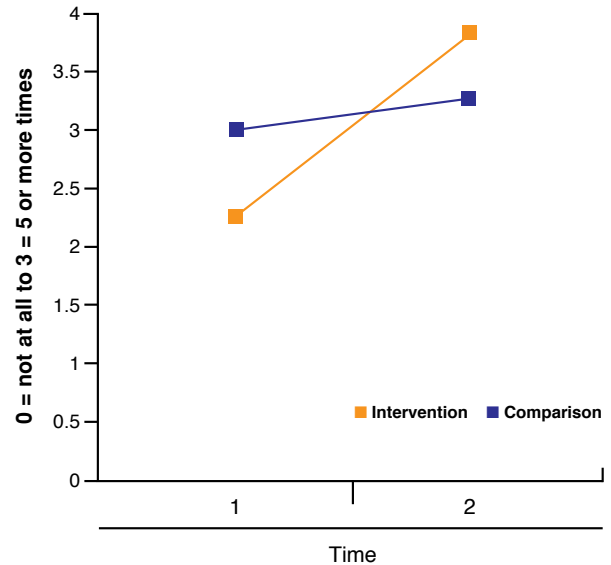


Figure 4: Provider frequency of discussion of benefits of a healthy lifestyle with children

IV. Providers who used the kit significantly improved individual lifestyle behaviors around physical activity.

Providers were also asked to rate how often they themselves did physical activities/exercises within the past week. As shown in Figure 5, whereas there was a decrease in physical activity/exercise from pre-test to post-test for the comparison group, there was a significant increase for the intervention group.



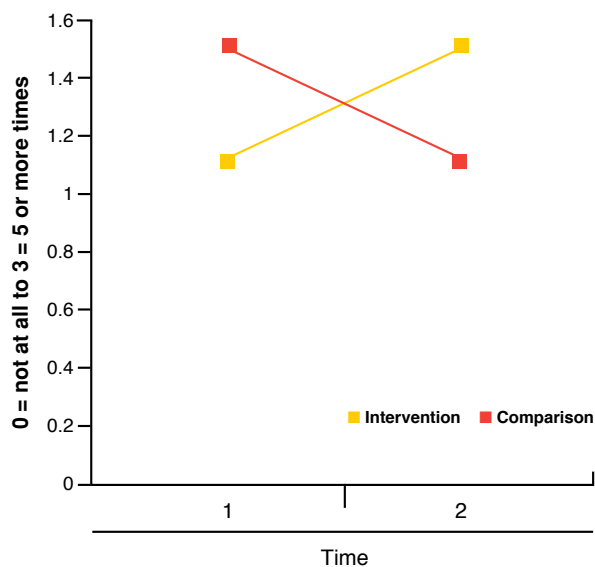


Figure 5: Provider frequency of physical activity

Long-Term Effect within the Intervention Group

To measure any long-term effects of the kit's impact, a third survey was administered to the intervention group five months after the end of the two-month period. Compared to the start of the study, significant findings for this follow-up survey include the following:

- The intervention group providers continued to report increased levels of knowledge about healthy foods, foods high in fat, sugar and salt, and body signals.
- Providers continued to do more physical activity.
- Providers continued to discuss more frequently the benefits of a healthy lifestyle with children under their care.

Providers were also able to identify more examples of healthy foods and physical activity compared to the start of the study. Furthermore, providers reported that the children in their care were able to name more examples of healthy foods and physical activity, know more about the benefits of healthy foods, know more about sometime/anytime foods (i.e., which foods can be eaten sometimes or anytime), and did more physical activity, compared to when they first started using the kit.

Conclusion

Within a two month period, child care providers who received the Sesame Street Healthy Habits for Life resource kit (the intervention group), in contrast to the comparison group who did not receive the kit, experienced the following:

- A significant increase in the levels of knowledge around nutrition, namely:
 - Larger increases in the self-reported knowledge of nutritious foods and foods containing excessive fats, sugar and salt.
 - Increased awareness of body signals, such as whether they were hungry or full from eating. These findings indicate that the resource kit is beneficial for child care providers to learn about health- and nutrition-related information.

Furthermore, intervention group providers discussed the benefits of a healthy lifestyle with the children in their care more often than those who did not use the kit. This suggests that the availability and accessibility of the resources in the kit contributed to the increased frequency with which providers taught children about health topics.

Finally, in contrast to the comparison group, providers who used the kit reported that they themselves increased their own physical activity levels. Because the kit explores many ideas about exercise, with games for children that actively involve the provider, it potentially enhanced the providers' own exercise habits, which suggests that having the kit provides additional motivation for providers to become physically active.

Interestingly, there were even more significant findings when the intervention group providers were again assessed five months later. Findings from this third survey include the following:

- Providers continued to report increases in:
 - Knowledge about nutrition
 - Discussions with the children in their care about health
 - Engagement in physical activity

- They also reported favorable effects on the children under their care, including improvements among the children in:
 - Naming examples of healthy foods and physical activity
 - Being aware of the benefits of a healthy lifestyle
 - Engaging in physical activity

These findings imply that the kit may provide long term benefits in knowledge and behavior around nutrition and physical activity among child care providers.

This study was limited by some factors including the small sample size and use of written surveys as the primary means of data collection. Even so, the initial positive results found among those who used the kit denote the promising utility of the Healthy Habits for Life resource kit among child care providers, in supporting their capacity to teach young children about health, as well as in enhancing their own efforts to improve their well being as well as those of the children under their care.

* For more information on the methodology and analysis used in this study, please contact Christine Aque, First 5 LA Research and Evaluation Department, at CAque@First5LA.org.

References

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