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RESEARCH TO PRACTICE

Implementing *I am Moving, I am Leaning* in a Head Start Program: Strengths and Challenges

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The *I am Moving, I am Learning* (IMIL) curriculum enhancement program has been adopted by many Head Start (HS) programs as a way to incorporate physical activity and movement into the curriculum. This study evaluated the implementation of the IMIL strategies within one Head Start program through the use of caregiver and teacher surveys, along with classroom observations that were conducted by trained HS nutrition specialists. This study presents barriers and facilitators to one HS program's IMIL implementation and provides valuable insight into areas of future research and potential strategies to ensure IMIL program integration sustainability.

Keywords: Obesity prevention, early childhood education, program evaluation, Head Start

INTRODUCTION

Obesity is a significant health concern among Head Start recipients, with 16.6% of children served by the program identified as obese (Imoisili et al., 2020). The Office of Head Start (HS) has recognized the need for the development and implementation of obesity prevention efforts throughout national HS programs. *I am Moving, I am Learning* (IMIL) was developed as one proactive approach to address childhood obesity in HS (Finkelstein, et al., 2007).

IMIL is a set of active learning strategies that are embedded within a program's existing school readiness curriculum. The main goals of IMIL are to increase the quantity of time a child spends in moderate to vigorous physical activity, improve the quality of a child's structured movement experiences that are intentionally facilitated by teachers and caregivers, and improve a child's healthy food and beverage choices (Finkelstein et al., 2007). IMIL is often incorporated with a nutrition messaging program known as 5-2-1-0. The name 5-2-1-0 refers to consuming five or more daily servings of fruits and vegetables, limiting screen time to two hours per day, engaging in one or more hours of daily physical activity, and consuming zero sugary drinks (Rogers &

Motyka, 2009). IMIL and 5-2-1-0 are often used simultaneously to support the physical activity and nutritional health of preschoolers enrolled in the program, as well as provide consistent messaging to caregivers. IMIL implementation evaluations have been previously conducted by HS in Region 3 (West Virginia, Virginia) and have primarily focused on the perceptions of teachers and other program implementers within HS (Fox et al., 2010). No evaluation of IMIL implementation has been reported in other HS regions across the US.

CURRENT STUDY

In order to better understand the needs and challenges in implementing IMIL in one HS program, this current study gathered feedback from teacher surveys, caregiver surveys, and nutrition specialist classroom observations. The research questions were:

1. To what extent are HS teachers utilizing materials, role-modeling physical activity, and providing nutrition messages?
2. What are the barriers and facilitators identified by teachers during the program implementation of IMIL?
3. To what extent are IMIL and 5-2-1-0 implemented in the home environment?

Teachers and caregivers of preschool students across the 13 sites (25 classrooms) in one HS program in the Midwest participated in the study. All staff in the HS program received training on the IMIL strategies during the program's fall semester, with plans to implement beginning the spring semester of the same academic year. Post implementation evaluation occurred 6 months following the initial training, approximately 5 months into program implementation, in order to provide HS evaluation data prior to the end of the school year.

Data collected included structured observations, survey data, and responses to open-ended questions at the end of each caregiver/teacher survey. Open-ended responses were analyzed and coded by two researchers. Themes were generated from the codes (Creswell & Poth, 2016).

All teachers in the program were asked to complete a 20-question survey. The survey asked about the implementation of the IMIL program/5-2-1-0 messaging in their classroom, including their perception of the program, barriers and facilitators to program implementation, and perceived student behavior change as a result of implementation.

Caregivers of enrolled students were also invited to participate in a 10-question survey to better understand their implementation of the healthy behaviors (from IMIL) at home and the readability of IMIL health messaging, including the 5-2-1-0 messages.

To understand of the use of IMIL in the HS classrooms, two HS nutrition specialists conducted 25 classroom observations using a 9-item checklist to observe teacher and student engagement in IMIL activities, examine classroom use of 5-2-1-0 messaging, and evaluate teacher interaction with students during meal/snack times related to nutrition and healthy eating.

FINDINGS

Teachers

Forty-six teachers completed the survey. The majority of teachers either agreed or strongly agreed that they have an important influence on both the physical activity and food preferences of preschoolers in their classroom and serve as an important role model for healthy eating and physical activity. The majority of teachers reported that IMIL was important to them and recognized the benefits of the program on child health and development, with 85% of teachers reporting they had seen some/a lot of educational improvement, such as improved behavior, increases in child interests in nutrition and active play, and improved attention span, as a result of IMIL implementation. Children seemed very favorable to the IMIL Choosy character mascot, as evidenced by 97 % of teachers reporting an increase in preschoolers talking about and asking about the mascot. Despite support for IMIL program implementation, forty-seven percent (47%) of teachers found some degree of challenge to incorporating IMIL into daily lesson plans.

IMIL Challenges

Theme #1: Time. Teachers expressed a desire for more time to intentionally embed IMIL curricular enhancements into school readiness curriculum. Limited time available to incorporate IMIL activities into the daily classroom routine presented a challenge for effective daily program implementation.

Theme #2: Resources/Support. Teachers identified the need for additional resources and support as a significant challenge. Teachers discussed the supplies and materials needed to effectively implement the IMIL program, such as program materials, posters, videos and other tangible materials that reinforce program concepts. Teachers cited the need for more Choosy mascot dolls and music CDs to better support classroom-based integration, especially as these resources appeared to better engage preschoolers into the programming. “Support” represented the need for support from HS to develop a strategic plan for integrating IMIL into the current HS curriculum, with several teachers citing coaching or mentoring by trainers or other teachers who were effectively implementing the program.

Theme #3: Caregiver Engagement. Teachers recognized that caregiver engagement was critical to ongoing program success. Caregiver friendly take-home activities and music CDs were cited as possible strategies for improving caregiver engagement and likelihood of the program being incorporated into the child's home environment. Teachers expressed a desire to develop strategies for better engaging caregivers and increasing family buy-in to support continuity of programming outside the classroom.

IMIL Strengths

Theme #1 Music Motivation. Preschoolers were encouraged to move/dance and engage in physical activity when the music CDs were used and/or music was played. The IMIL program incorporates several scripted songs on health, nutrition, and physical activity that were identified as a strength, along with the music CDs and song/dance videos that were part of the program.

Theme #2 Health Awareness. Teachers acknowledged that the IMIL program encouraged preschoolers to have an increased awareness of their own health, nutrition, and physical activity and this was identified as a significant program strength.

Theme #3 Program Mascot. The teachers reported that the preschool children enjoyed the IMIL character/program mascot, Choosy, and enjoyed singing and learning from the mascot during classroom-based activities.

Caregivers

Caregiver familiarity with both the IMIL and 5-2-1-0 program was limited, with 66% of caregivers reporting they were “not at all” or only “slightly familiar” with both programs. Fifty-eight percent reported not incorporating any of the 5-2-1-0 behaviors at home, although a majority of caregivers indicated that they read (94%) and highly valued (52.6%) the nutrition and health information provided by HS.

Nutrition Specialist Classroom Observations

Twenty-five classroom observations were conducted by two trained HS nutrition specialists. The majority of classrooms observed were actively using the IMIL character mascot, Choosy, and the musical CDs. Observations noted that many of the teachers were using videos associated with the IMIL program, but were not modeling the physical activities for the children but rather used the video to guide the movements. Limited discussion on food and nutrition were noted during classroom meal/snack times, and posters and visual displays associated with IMIL and/or 5-2-1-0 were not present or visible on the date(s) of the observation, other than at one learning center.

DISCUSSION

Summary

HS teachers acknowledge that physical activity and nutrition education are important to the preschool population and are cognizant of their role in increasing child physical activity and healthy food choices. The majority of teachers recognized the importance of IMIL programming in their classroom, however, many of the teachers found it challenging to incorporate IMIL into daily lesson plans and had difficulty aligning the IMIL program with current curricular guidelines.

Time was most frequently identified as the most significant barrier/challenge to effectively implementing the IMIL program. Teachers felt they needed dedicated time to better identify strategies for integrating the program into the classroom curriculum. Resources and support for program implementation were also cited as challenges during the initial implementation period, as teachers expressed the need for additional/ supplemental supplies and resources and also focused coaching/support for effective and ongoing implementation. The utilization of the IMIL mascot and musical CDs were noted to be effective in engaging children in physical activity and healthy eating discussions, and were seen as significant strengths to the program.

Although teachers acknowledged the importance of role modeling healthy behavior, classroom observations highlighted that many teachers were not modeling physical activities or participating in the family-style meals with the children. This highlights a need to explore challenges or facilitators to demonstrating movement and healthy eating as part of the implementation of IMIL.

Teachers also acknowledged that program implementation would be most effective if activities and messages were translated into the child's home setting. However, teachers felt that strategies needed to be more thoughtfully developed to engage caregivers in the program to increase replication outside of the classroom and recognized that current methods (typically sending written information home in a child's backpack) may not be an effective means of eliciting behavior change among families.

Teacher concerns with caregiver engagement were further supported by the results of the caregiver surveys which indicated that most caregivers were unfamiliar with the IMIL and 5-2-1-0 programs. Although survey results indicated that HS caregivers placed a high value and importance on health and nutrition information disseminated by HS and that they viewed the information sent home, caregiver familiarity with the program remained low. Teacher and caregiver survey results indicate a need for further exploration of the most effective communication strategies to ensure program messages and activities are received and implemented by caregivers. Caregiver familiarity, receptiveness, and understanding with the program elements would be a precursor to program replication in the home environment and would ultimately improve child health outcomes.

Limitations

A limitation of this study was that the evaluation examined only one program in the Midwest, inclusive of thirteen HS sites across five communities. As such, the results may not be representative of other programs who have implemented the IMIL program.

Implications

This study provides valuable insight into the challenges and strengths to implementing IMIL in HS. Our findings highlight the need for a) time for teachers to thoughtfully plan and integrate IMIL curricular enhancements into the program curriculum, b) ample resources to support classroom-based integration, especially music CDs, videos, and mascot dolls, c) coaching/mentoring to

integrate IMIL throughout the child's daily preschool experience, d) strategic plans to engage families/caregivers in the IMIL programming in the home environment.

Findings also indicated that caregivers are highly interested in receiving nutrition information from HS, yet were unfamiliar with the IMIL program and 5-2-1-0 messaging. More research is needed to explore the types of messages and information dissemination strategies that best meet the learning needs of caregivers/families served by the program. HS program may consider utilization of the program's advisory council to discuss potential interventions to enhance caregiver involvement in IMIL programming.

Conclusion

Caregiver and teacher engagement in IMIL programming has the potential to be a significant factor in eliciting long-term child and family behavior change to prevent and reduce obesity and increase child physical activity and movement, and should be the focus of future IMIL program implementation and evaluation along with further examination of strategies to promote sustainable implementation of the program across HS locations.

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