



**innovation hub**

**AMCHP** | *Explore. Build. Share.*



**MCH Innovations Database**  
Practice Summary & Implementation  
Guidance

# The Empower Program

The Empower Program, created by the Arizona Department of Health Services (ADHS) in 2010, provides a 50% reduction in childcare licensing fees, in trade for voluntary implementation of ten health and nutrition standards.



## Location

Arizona



## Topic Area

Nutrition/Physical Activity



## Setting

Day care/Pre-school



## Population Focus

Cross-Cutting/Systems Building



## NPM

NPM 4: Breastfeeding,  
NPM 8.1: Physical Activity –  
Ages 6 to 11, NPM 13.2:  
Preventative Dental Visit –  
Child/Adolescent



## Date Added

July 2012

## Contact Information

Bonnie Williams, Arizona Department of Health Services, (602) 542-2847,  
bonnie.williams@azdhs.gov

# Section 1: Practice Summary

## PRACTICE DESCRIPTION

Historically, childcare licensing in Arizona was supported by state general funds with licensing fees generating only a small portion of the overall costs. In the fall of 2009, faced with a \$3 billion budget shortfall, the Governor of Arizona proposed removing all general funds from the ADHS Licensure Services. For childcare providers, this decision created an economic crisis as they faced an increase in licensing fees from \$30 to \$1,000, and for large providers \$150 to \$7,800. At public hearings, childcare providers and parents expressed their concern that the increase in fees would result in the closure of many facilities and would lead to massive layoffs. Parents testified that higher childcare rates would cause many to quit their jobs to stay home with their children and/or leave their children in unsafe and unregulated settings.

ADHS needed to find a way to lower the cost of childcare licensing in order to avoid a real crisis to the health and safety of children in the state. Building on the integration and prioritization work established in the Division of Public Health Prevention, unspent end of the year funds from two sources were identified: Title V Maternal and Child Health Block Grant funds dedicated to obesity efforts and funds from the Tobacco Prevention Fund. The proposal was to move the funds over to the budget for the Division of Licensing. By targeting children in childcare settings with these Prevention funds, the Division of Public Health Prevention could target a high-risk group in relationship to the obesity epidemic, as well as circumvent a potential risk to the health and safety of children who might otherwise be left in unsafe or unregulated childcare settings. In exchange for the transfer of funds, the Division of Licensing would offer childcare providers a 50% discount on their licensing fees for participating in a new prevention program entitled “Empower,” reflecting the intent to empower children and their families to make good choices around physical activity, nutrition, and smoking.

[The Empower Program](#) was created by the Arizona Department of Health Services (ADHS) in 2010, to solve a budget shortfall which would have resulted in unaffordable licensing fees for Arizona’s childcare providers, jeopardizing the health and safety of children. To solve this, Empower was created to promote healthy practices for children and their families, using childcare facilities as the delivery agent. When licensed programs opted in to Empower, fees were reduced by 50%, creating a win-win for children, families, and providers.

## CORE COMPONENTS & PRACTICE ACTIVITIES

Based on the Social-Ecological Model in health promotion, the Empower Program was a statewide policy change that prioritized health by offsetting licensing fees when implemented. By adopting the 10 Empower standards, ECE programs create environments that promote health for young children in



childcare facilities, which are reinforced by information provided to individual families and broader public health messaging in the community and state. Empower draws upon Arizona’s Child Care Champions Best Practices, which was adapted from the Colorado Physical Activity and Nutrition Program (COPAN) Child Care Best Practices. These best practices, which are the basis for the 10 Empower Standards, are based on national guidelines and evidence-based recommendations from the USDA, American Academy of Pediatrics, Bright Futures, CDC, National Physical Activity Guidelines, etc. for nutrition, physical activity, and smoking cessation/prevention.

The second edition of Preventing Childhood Obesity in Early Care and Education Programs is the set of national standards describing evidence-based best practices in nutrition, physical activity, and screen time for early care and education programs. The standards are for ALL types of early care and education settings - centers and family childcare homes. These updated standards are part of [Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs](#), Fourth Edition released in 2019. Empower Standards have been updated over time, and the program is continuing to work towards the new set of standards (See Appendix 1 for Current Empower Standards).

The core components of this practice include increasing awareness of the Empower Program, assessing childcare providers based on the ten Empower standards, evaluating program self-assessment data, providing childcare providers with training and education, and establishing an advisory committee to coordinate work.

Core Components & Practice Activities		
Core Component	Activities	Operational Details
Awareness	Publicize the benefits of the Empower program.	Exhibit tables are provided at ECE conferences throughout the year and a monthly newsletter, reaching over 6,000 subscribers has been established.
Assessment	Assess the extent to which the childcare providers implement the ten Empower standards.	Assess, at least annually, the extent to which the childcare providers implement the ten Empower standards. Uses the <a href="#">Self-Assessment Checklist</a> to rate themselves and their program using ‘fully, partially, none, or don’t know’ for each separate component of each standard and policy.



Evaluation	Compile and report aggregate implementation data.	Self-Assessment data is entered annually for every program. The most recent report can be found <a href="#">here</a> .
Professional Development	Empower courses are available.	Ten online LMS Empower courses have been developed and are available free of charge on the Empower <a href="#">website</a> . The courses are also listed in the statewide <a href="#">ECE Professional Development Registry</a> and count for ADHS licensing and DES certification hours.
Empower Advisory Committee (EAC)	Establish an advisory committee to coordinate the work of stakeholders and partners.	Using the <a href="#">CDC Spectrum of Opportunities</a> , the EAC meets quarterly to align messages regarding health, nutrition, wellness and obesity prevention in ECE settings among various state agencies.
Website	Continually update website and online resources	The Empower website is continually being updated with resources, online courses, and newsletters. Hard copy Empower Packets will be discontinued in 2019 due to cost and ability to remain current. Materials will be available from the website to print.

## HEALTH EQUITY

Our Empower Program is open to any and all ADHS licensed child care facilities throughout the state. This means Head Start, faith-based, part day, full day, public school programs, before and after school programs, non-profit, corporate programs, family child care, center-based care settings, and more. The program is also required for all DES contracted ECE programs. While Empower is typically not implemented by tribal Head Start and child care programs, this is due to the sovereign status of their tribe and not being bound to state licensure. Tribal ECE programs can opt into all web-based resources, access all free online trainings, and use resources.

Of the ten Empower online courses, five of those are offered in Spanish as well. Several key pieces of Empower print materials are also available in Spanish.



## EVIDENCE OF EFFECTIVENESS

Data collected to measure outcomes during the project's initial implementation included: the number of facilities that signed up for Empower, the number of overall children and low-income children reached by Empower, implementation and compliance of the Empower standards collected by licensing surveyors, formative qualitative focus group with surveyors to assess compliance and barriers, and post implementation evaluation survey with 100 Empower facilities.

Compliance and adherence to Empower standards was evaluated via a quasi-experimental design. The study assessed whether childcare centers participating in the Empower program had higher adherence to quality standards compared to non-participants after adjusting for type and capacity of childcare facilities. Independent sample t-tests were used to test for differences in average scores on best practices followed by two-way factorial ANOVA to assess differences type of childcare facility and participation in the Empower program. The intervention group consisted of childcare centers that enrolled in the Empower program and the control group consisted of those that did not enroll. The study utilized ADHS childcare licensure data from the bi-annual and annual inspections after implementation of the Empower program.

Evaluation results from the initial implementation of Empower showed that the Empower program mitigated the increase in fees related to the loss of state general funds. As a result, there was no abnormal drop in the number of licensed facilities in 2010 preventing a negative impact on the local economy when childcare providers did not have to close. Arizona childcare licenses are renewed every three years. Out of 403 centers who were due to renew in the first six months, only 5 declined voluntary enrollment in the Empower program. Additionally, 1,427 centers whose license renewals were not due enrolled in Empower in the first six months, even though they would receive no immediate financial incentive.

At that time, 90% of the licensed childcare programs participated in Empower. Preliminary evidence from this evaluation suggested that Empower participating childcare centers had higher adherence to nutrition and physical activity policy best practices compared to nonparticipating centers. The differences were most pronounced in five of the specific standards, which were: (1) limit children's screen time to under one hour a day; (2) serve 1% low fat or fat free milk for all children over two years of age; (3) limit children to four ounces of juice per day; (4) serve meals family style; and (5) let the child decide how much to eat. Childcare centers had greater adherence to the best practices than small group homes.

Additionally, in a postimplementation evaluation survey of Empower providers were asked "Would your FACILITY participate in EMPOWER even if there were no subsidies?" and 44% of the respondents said "yes," with 41% responding as "probably yes." Only 13% responded as "no," or "probably no." This indicates childcare providers are receptive to health policies that are in the best interest of the child. There were additional impacts as a result of the Empower program. At the Arizona Department of Health Services, collaboration on the Empower program carried over to the updating of childcare rules. The Public Health Prevention division participated with the Child Care Licensing division to update the rules for childcare. Changes were incorporated into the new rules to include four of the Empower best practices, and rules were developed to support the other best



practices. As a result, the new rules included many of the most recognized best practices in childcare to address childhood obesity. In addition, the rules changes were readily accepted by childcare providers who now had experience with how easily these adaptations could become.

Over time, as original Empower standards were integrated into licensing regulations, standards were modified. Current Empower standards are attached [here](#). The Empower program has continued to show positive results. You can read more about the evaluation of the Empower program in the [Journal Article](#) and [Implementation Report](#).

In Arizona, obesity rates declined among 2- to 4-year-olds enrolled in WIC from 2010 to 2014. The rate of obesity dropped from 15.0% to 13.3%<sup>1</sup> While we cannot attribute the reason for Arizona's decline to the Empower Program, one of the reasons cited by the CDC, offers this potential reason--general increases in awareness of the importance of preventing obesity at an early age, and federal support for state efforts to improve nutrition, physical activity, breastfeeding support, and screen time limits in early childhood education programs—which aligns with Empower.<sup>2</sup>

## Section 2: Implementation Guidance

### STAKEHOLDER EMPOWERMENT & COLLABORATION

Through the EAC (see activities above) and other committee compositions and collaborations, the following state agencies are also involved in supporting the Empower program:

- Arizona Department of Education (ADE)
  - Child and Adult Care Food Program (CACFP)
  - Early Care and Education (ECE)
- Department of Economic Security (DES)
  - Child Care Administration (CCA)
  - Arizona Early Intervention Program (AzEIP)
- First Things First (FTF)
  - Quality First Child
    - Care Health Consultation

County health departments, University of Arizona Cooperative Extension, and several child services agencies all contribute to supporting the mission and implementation of Empower.

---

<sup>1</sup> See <https://www.stateofobesity.org/states/az/> for more information.

<sup>2</sup> <https://www.stateofobesity.org/stories/wicdeclines/>



## REPLICATION

The Empower Program has been added to the federal [SNAP-Ed guidance](#) as an 'emerging practice. Our Arizona SNAP-Ed Program, AZ Health Zone, has adopted support of the Empower Program as one of their ECE strategies that Local Implementing Agencies can choose to implement. Specifically, strategy 13 indicates 'Support development, implementation and evaluation of food and beverage and physical activity policies and environments consistent with the [Empower standards](#).

Empower has also been adopted as a new contract requirement in Arizona for all Department of Economic Security (DES) contracts (childcare subsidy and family childcare homes). DES providers have been trained and offered technical assistance and are currently using the self-assessment checklist and data submission process.

Empower has also been integrated into the state's Quality Improvement and Rating System (QIRS), Quality First, as a primary requirement for those programs that were not previously enrolled. As taken from the Quality First 2019 Participant Guide, 'As part of your participation in Quality First, in collaboration with the Arizona Department of Health Services Office of Child Care Licensing (DHS OCCL), you are required to participate in the Empower program and may receive technical assistance as needed. The Empower program is designed to help young children and their families live healthier lives. There are ten standards that focus on health and wellness including nutrition, breastfeeding, physical activity and screen time, tobacco, oral health, sun safety and staff training. As part of your Empower agreement, your program must have a written policy and implementation for each standard. For support, guidance and further information on the Empower Program please visit: [www.theempowerpack.org](http://www.theempowerpack.org), or see [Page 34](#).

## INTERNAL CAPACITY

The primary personnel providing program support and technical assistance is the Early Care and Education (ECE) Manager, 1.0 FTE. The ECE Manager is an experienced professional with over 35 years of ECE experience in Arizona. Working previously in a variety of ECE settings including Head Start, community college, university, and childcare/preschool, the manager is poised for independent work and leadership necessary to support the Empower program.

In addition, supportive work from Empower Advisory Committee (EAC) members such as the Bureau of Nutrition and Physical Activity (BNPA) (including Evaluation, Communications, Women, Infants and Children (WIC), and SNAP-Ed) contribute to successful implementation. Within ADHS, the Bureau of Child Care Licensing, Bureau of Women and Children's Health, including the Office of Oral Health and Children with Special Health Care Needs (CSHCN), the Bureau of Tobacco and Chronic Disease (BTCDD), and the Bureau of Environmental Health (BEH), Smoke-Free Arizona and SunWise also play an important role in related subject areas.





## PRACTICE TIMELINE

Practice is ongoing. Please reach out to project contact for more details.

## PRACTICE COST

The program is supported by funds from the Tobacco Prevention Fund, as well as Title V Maternal and Child Health Block Grant, and WIC lottery dollars. Total funding across the three funding sources to support Empower is approximately \$1.2 million dollars with the majority of funds going to licensing to support the fee discount. Based on a reach of 220,000 children this Section II: Practice Implementation Page | 8 equals a \$5.45 per child annual cost. The Empower Pack that each enrolled childcare facility has historically received at enrollment has transitioned to electronic-only resources posted on the Empower website. Costs had increased from \$15.00/pack to almost \$100.00/pack with the updating of publications, mailing cost and reproduction. Total ADHS staff time has been reduced to 1.0 FTE in BNPA for the ECE Manager. Several funding sources have been utilized over the last five years including grants from Nemours, CDC 1305, and the Avandia drug settlement, each supporting various deliverables that furthered the reach of the Empower program. Funds are leveraged from SNAP-Ed, WIC and OCSHCN to support Empower activities when goals and activities align. While funding sources come and go to support the operations of Empower, minus the fee discount, the program can function on as little as approximately \$150,000.00 per year.

Budget			
Activity/Item	Brief Description	Quantity	Total
ECE Manager - 1.0 FTE + ERE benefits + administrative support (desk phone, cell phone, office supplies, in state travel)	WIC Lottery	N/A.	\$100,000
Materials to support inclusion of children with special health care needs in childcare/ECE facilities such as resources, professional development, and training.	CSHCN Funds	N/A.	\$ 50,000
<b>Total Amount:</b>			<b>\$150,000</b>



## LESSONS LEARNED

Initially, in moving the Empower standards from policy to practice, the importance of in-person technical assistance was required for the most consistency and success. Time constraints limited the amount of baseline information collected at implementation. A more rigorous effort to include focus groups prior to implementation would make the roll-out that much more successful.

At the program's initial implementation, childcare providers, state agencies, and families were all impacted by the decline in the economy. The development and success of the Empower program provides an example of how collaboration, creative thinking and reliance on evidence-based practices can set the stage for a healthier new generation, even during times of great economic challenge.

While the licensing fee offset funds remain stable, supporting the Empower program through BNPA has relied on a variety of sources over the past five years: the CDC 1305 grant, Nemours, the Arizona Attorney General's Office (Avandia drug settlement funds), Office of Children with Special Health Care Needs (OCSHCN) and WIC Lottery. Grants come and go so sustainability becomes critical. Current efforts are underway to embed the Empower standards into other related ECE partner efforts so that the tenets of obesity prevention, wellness, health, and nutrition remain a priority of our state's ECE system.

The creation of ten free online courses has proven to be one of the best strategies to train the ECE workforce about the Empower Program. These courses have been completed by over 9,400 users, also addressing the constant need for retraining due to staff turnover.

## NEXT STEPS

Next steps may include the following: securing continued support for the ECE Manager position and Empower evaluation activities, reviewing standards and possible revisions, supporting website resources, and providing more Spanish resources, aligning obesity prevention activities throughout the state to prevent duplication, and developing the Empower Advisory Committee.

## RESOURCES PROVIDED

- Guidebooks, forms, templates, and tools are provided on the [Empower website](#).

## APPENDIX

- *Appendix 1: Current Empower Standards: 10 Ways to Empower Children to Live Healthy Lives*



- Standard 1: Provide at least 60 minutes of daily physical activity, including adult-led and free play. Limit screen time to three hours or less per week and no more than 60 minutes of sedentary activity at a time.
- Standard 2: Practice “sun safety.”
- Standard 3: Provide a breastfeeding-friendly environment.
- Standard 4: Determine whether site is eligible for the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) and participate if eligible.
- Standard 5: Limit serving fruit juice to no more than two times per week.
- Standard 6: Serve meals family style and do not use food as a reward.
- Standard 7: Provide monthly oral healthcare education or implement a toothbrushing program.
- Standard 8: Ensure that staff members and childcare providers receive three hours of training annually on Empower topics.
- Standard 9: Make Arizona Smokers’ Helpline (ASHLine) education materials available at all times.
- Standard 10: Maintain a [smoke-free environment](#).

