

Stories from the Field: New York

Changing Screen Time Behavior in Child Care Centers

No doubt about it—interactive video games, television, and the Internet can be excellent sources of education and entertainment for kids. Too much screen time, though, can have unhealthy side effects. That's why the American Academy of Pediatrics recommends no more than 1 to 2 hours of quality TV and videos per day for older children and no screen time for children under the age of 2.

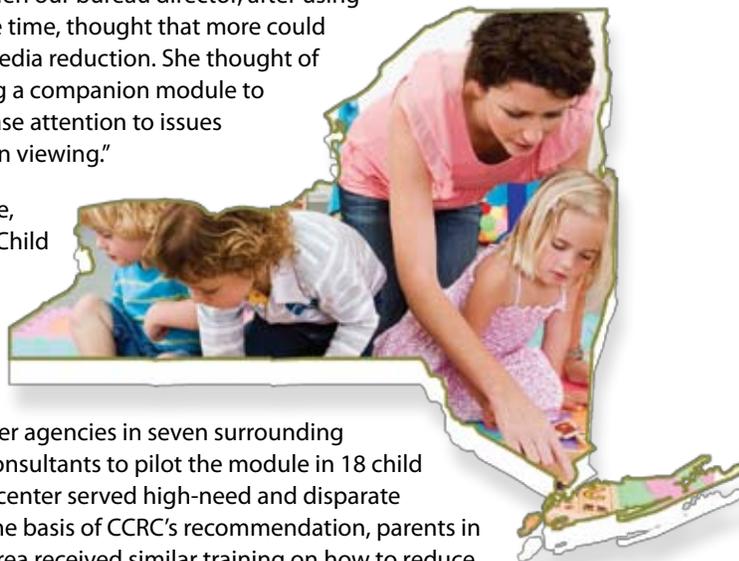
To bring light to the issue, New York State Department of Health (NYSDOH) staff developed *Unplugged: Moving Beyond Screens*, a media reduction module to help child care center providers recognize the negative effects of too much TV and computer use by young children. The module complements the Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) Program, a practice-based intervention designed to enhance policies, practices, and environments in child care. NAPSACC focuses on improving the nutritional quality of food served, the amount and quality of physical activity, staff-child interactions, and physical activity policies and practices.

Sara Bonam Welge, Nutrition Coordinator for the New York State Department of Health, shared how the idea for the module came about and how staff worked together to shape it: "It all started when our bureau director, after using NAPSACC for some time, thought that more could be done around media reduction. She thought of the idea of creating a companion module to NAPSACC to increase attention to issues related to television viewing."

To pilot the module, NYSDOH called in Child Care Resources of Rockland County (CCRC). With a 1-year grant from NYSDOH, CCRC worked with partner agencies in seven surrounding counties to train consultants to pilot the module in 18 child care centers. Each center served high-need and disparate populations. On the basis of CCRC's recommendation, parents in the same county area received similar training on how to reduce the amount of time their children spend watching television, playing video games, or using the Internet. Parents were given resource materials to use with their children, including ideas for alternative activities.

"It took longer than anticipated to recruit a broad spectrum of child care centers that met the eligibility criteria and did not already have other nutrition or physical activity initiatives in place," says Welge, "but our sample of pilot centers, though small, did prove to be representative in size, location, and socio-economic characteristics."

The consultants used feedback sheets to give program staff details about their experiences with presenting the module. Results showed that child care center staff were generally receptive to the module, but some parents were



surprisingly resistant to the idea of reducing their kids' screen time. The consultant at one child care center commented, "Many parents got defensive, especially when discussing TV in the bedroom or limiting the amount of time with TV... [S]tatements like, 'Do you have children? It is the only thing that quiets them,' were common. Parents were also more likely to resist the alternatives to screen time that consultants suggested." From an evaluation perspective, however, resistance is not always a negative. Program evaluator Mary Jo Pattison commented, "We actually feel that parents' negative response is a sign of engagement."

As program staff continue to apply the module in additional centers, they plan to review the parent workshop to provide resources that will prepare the consultants for resistance from the parents. Acknowledging that change is a challenge, program staff also plan to prepare consultants to engage parents in the discussion of children's screen time behavior.

Importance of Early Success

The media reduction module has been shown to be useful in helping child care centers evaluate and make positive changes in their screen media practices in a small pilot. After 9 months of technical assistance, 16 of 18 centers identified changes they intended to make in their actions and policies regarding screen media. The changes that centers chose most frequently were creating a written media use policy and developing media reduction education for staff and parents. A smaller number of centers focused on reducing TV watching time and improving the content of media watched. The instrument and module can stand alone or might be incorporated in the NAPSACC program as an additional module for child care centers to choose.



Lessons Learned

- Give child care centers information on alternatives to screen media and on the negative impact that too much screen time has on children beyond its impact on childhood obesity.
- Develop strategies for conflict management and problem solving surrounding media reduction messages.
- Revise the module to help centers develop organizational policies to reduce television viewing.
- Use qualitative instruments with the media reduction self-assessment to collect program participants' perceptions and experiences to continuously improve module implementation.
- Provide centers with guidance on evaluating media content for preschoolers.

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