



Reducing Childhood Obesity: The Role of Child Care Settings Policy Brief

Childhood obesity rates in America have more than doubled in the past three decades for children between the ages of two and five years old.^[1] Furthermore, California has a higher prevalence of childhood obesity than the national average (16.2% compared to 13.5% nationwide).^[2]

Child Care Centers (CCC) present an opportune setting to establish healthy eating habits and attitudes early in life. Unfortunately, childcare nutritional guidelines that are currently being used have not been updated for more than 30 years.^[3]

Starting early can establish lifelong habits:

- Environmental factors can affect children's development and risk of obesity in the first 5 years of their lives.^[4]
- Eating patterns, such as food choices, portion size, and eating frequency are influenced by caregivers in early childhood.^[5]
- Almost half of children ages 3 and 5 years old in California are enrolled in preschool or child care.^[6]
- 40% of children, from infancy up to 5 years old in LA County spend most of their time in CCC.^[3]

What is being done in Los Angeles?

The Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs, the California Food Policy Advocates and Charles Drew University conducted a study to assess the feasibility of implementing nutrition and physical activity policies to improve practices in CCC. Baseline assessments revealed that despite the Institute of Medicine recommendations, the nutritional and physical activity environment for children in CCC observed were far from ideal.^[3]

Improving Nutrition and Physical Activity in Licensed Child Care in Los Angeles County Preliminary Report on Baseline Assessments.^[2]

OBJECTIVES	METHODS	BASELINE ASSESSMENT RESULTS	INITIAL CONCLUSIONS
<p>Objectives:</p> <ul style="list-style-type: none"> -Assess current status of the nutrition and physical activity practices in CCC. - Examine feasibility and impact of implementing nutrition and physical activities policies on the CCC practices. 	<p>Methods:</p> <ul style="list-style-type: none"> - Randomized controlled design -Target Area: SPA 6 -3 Groups: 40 centers each. -Control. -Limited intervention (toolkit). -Full intervention (toolkit and training). • Nutrition and physical activity practices in the centers will be assessed at baseline and six months after the intervention. 	<p>Nutrition Environment (n=84):</p> <ul style="list-style-type: none"> -20% served flavored milk. - 34% did not serve vegetables. -30% served high fat meats. - 9% nutrition education. -28% nutrition policy. <p>Physical Activity Environment (n=84):</p> <ul style="list-style-type: none"> -35% structured physical activity. -9.5% physical activity edu. -19% physical activity policy. 	<p>Initial Conclusions from Baseline Assessments:</p> <ul style="list-style-type: none"> -Majority of CCC fell short of current nutrition and physical activity recommendations. <p>Areas requiring attention:</p> <ul style="list-style-type: none"> -Education/training. -Policies for nutrition and physical activity. -Intervention to improve nutrition and physical activity.
<p>NEXT STEPS:</p> <ul style="list-style-type: none"> • Complete remaining components of the project protocol –follow-up assessments. • Expand training on nutrition and physical activity. • Support future legislative advocacy to further increase nutrition and physical activity requirements in the child care licensure process. 			

Policies/Programs That Are Working:

- In 2007, Delaware implemented nutrition and physical activity standards for child care.^[7] Percentage of overweight /obese children remained static between 2006 and 2008.^[8]
- In 2006, New York implemented policies to improve nutrition and physical activity in child care settings.^[9] Decline in the obesity rate (21.9% to 20.7%) between the years 2006-2007 and 2010-2011 school years.^[10]

STATE	NUTRITION	PHYSICAL ACTIVITY	OTHER
Delaware	<ul style="list-style-type: none"> -100% fruit juice once/ day. -No juice under 1 yr. -Low-fat milk over 2 yrs old. -Calories from fat: no more than 35% of total calories. -Calories from sugar limited. -Whole grains required 1/day. 	<ul style="list-style-type: none"> -20 minutes of moderate to vigorous physical exercise every 3 hrs. -Infants limited to 30 minutes of time spent in confining equipment. 	<ul style="list-style-type: none"> -Television, video games, and other screen time activities. -prohibited under age. -limited to no more than 1 hr. -Parent permission is required for the use of any media.
New York	<ul style="list-style-type: none"> -Prohibit beverages with added sweeteners -Water accessibility at all times -Juice 6-oz serving/day -Low fat milk for >2 yrs. -Nutrition guidelines for parents for food brought into facilities 	<ul style="list-style-type: none"> -12 months and older participate in 60 minutes of physical activity/day. -3 yrs and older participate in at least 30 minutes of structured activity. 	<ul style="list-style-type: none"> -Television, video, and screen time activities. -prohibited under 2 yrs. of age. -limited to 60 min/day over 2 yrs.

- Other states taking innovative steps to reduce obesity include South Carolina and Wisconsin,^[11] as well as North Dakota, Nevada, Maryland, Indiana, Arkansas and Arizona.^[12]

Policy Efforts in California

- **AB 627:** Passed by the California legislature, vetoed by the Governor in 2009. If passed, the bill would have established nutritional and physical activity standards in CCC.^[13]
- **AB 2084:** Passed in 2010. Standards for beverages in CCC. Maximum of 4 – 6 ounces of 100% fruit juice served. Only low fat milk served. No natural or artificially sweetened beverages. Water accessibility at all times.^[13]
- **AB 1872:** Proposed. Family daycare home providers must adhere to the Child and Adult Care Food Program (CACFP) meal patterns. Licensed child care providers must be aware of CACFP (federal program that provides reimbursements for meals and snacks).^[13] If passed, the bill would help bridge the gap between childcare centers enrolled in the CACFP with those that are not. It would set a standard nutritious meal plan for daycare centers. This bill would also require all licensing agencies to make CCC aware of the CACFP program, further encouraging changes toward a more unified childcare feeding program.

Conclusion

The increasing rate of obesity in early childhood, coupled with almost half the population enrolled in child care settings makes the need for healthy eating habits and physical activity standards in CCC necessary. *As CCC predominately serve children under the age of five, supporting Assembly Bill 1872 would help instill healthy habits in children at an early age, where it would be most effective.*

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