Policy Recommendations for Obesity Prevention and Health Promotion in Child Care Settings

Position
The American Heart Association advocates for strong health promotion and obesity prevention programs in early childhood programs. Child care settings are an important environment for forming good health habits around children's dietary intake, physical activity, and energy balance and thus combating the childhood obesity epidemic. The 2005 National Household Education Survey reports that 74% of all US children aged 3 to 6 years not yet in kindergarten were in some form of non-parental care, and 57% were in a center-based child care program making this an ideal setting for obesity-prevention interventions targeting this age group. Furthermore, it has been reported that many children from low-income backgrounds consume 50% to 100% of their Recommended Dietary Allowances in a child care setting and many children spend the majority of their waking hours out-of-home. In the federal Head Start program alone there are more than 1 million children and 200,000 staff members across the United States, not to mention the multitudes of children from infancy to age 5 who are in private and public day care and preschool programs. Children are spending many waking hours in these programs and they should be safe, healthy, and smoke-free environments. Reaching young children and their families is an essential strategy for primary prevention of cardiovascular disease and associated risk factors.

Background
Currently, about 17% of children in the United States ages 6 to 19 are overweight. Data from the NHANES surveys (1976–1980 and 2003–2004) show that the prevalence of overweight is increasing. For children aged 2–5 years, the increase was 5.0% to 13.9%; for those aged 6–11 years, the rise was 6.5% to 18.8%; and for those aged 12–19 years, prevalence increased from 5.0% to 17.4%. These numbers set the stage for an unhealthy future for these children since obesity generally tracks into adulthood.

Despite the importance of addressing health promotion in childcare settings, researchers know relatively little about either their nutrition or the physical activity offerings. The research that does exist suggests that the nutritional quality of meals and snacks may be poor and activity levels may be inadequate. Few uniform standards apply to foods eaten or physical activity programs.

Poor diet and physical inactivity that begin at an early age increase the chance for developing serious health problems. A recent study revealed that a substantial number of overweight 8-14 year olds have at least 3 risk factors for heart disease, such as high cholesterol, high blood pressure, or high blood sugar, meaning that overweight in early adolescence may put children at increased risk for adult-onset cardiovascular disease and/or type 2 diabetes by early adulthood. Research provides evidence that if overweight begins before age 8, obesity in adulthood is more severe. These findings illustrate why it is so important to intervene in early childhood to prevent obesity and related cardiovascular disease risk factors.
Preschool children are also consuming too many high calorie, sweetened beverages and foods with low nutrient value.9, 10 The American Heart Association recommends that the diets for those aged 2 and older should rely on fruits and vegetables, whole grains, low-fat and nonfat dairy products, beans, fish, and lean meat.11 Assuring that healthy foods are served in age-appropriate portion sizes is extremely important for overall health and effective dietary patterns. One study found that the most powerful determinant of the amount of food consumed at meals was the amount served and if children were given portion sizes that were too large, they were less able to control the amount of food they ate and were less able to tell when they were satiated.12

A recent study of children in the Women, Infants and Children (WIC) Feeding Program found that on average, the children spent more than twice as much time watching television and using computers as they did engaging in physical activity.13 The American Heart Association recommends that children get at least 60 minutes of moderate-vigorous physical activity every day.14 Although rates of childhood obesity among the general population are alarmingly high, they are even higher in ethnic minority and low-income communities where television watching rates are generally higher.15 Culturally proficient diet and physical activity interventions have been shown to reduce body mass index in young children in low income areas.16 Reducing sedentary behavior and increasing physical activity opportunities are critically important in early childhood to lay the important foundation for healthy, lifelong behaviors.

Food advertising and marketing is another important causative factor in the obesity epidemic.17 Exposure to food advertisements and industry marketing strategies produces substantial and significant increases in energy intake in all children and the rise is largest in obese children.18 Aggressive advertising of high-calorie, low nutrient-dense foods contributes to higher consumption of those foods and should not be allowed in child care settings.

Preventing and controlling childhood obesity will require multifaceted and community-wide programs and policies with parents playing a critical role. One of the most important factors influencing children’s health behaviors are parent’s eating and physical activity behaviors and their level of education.19,20 Parents are important role models and are largely responsible for physical activity opportunities, the type of food presented to young children, the portion sizes offered, and the emotional context in which food is eaten.21 Successful intervention efforts must work directly with parents from the earliest stages of child development to support healthful practices both inside and outside the home.22

Policy Recommendations

1. Develop uniform nutrition and physical activity standards for the nation’s child care centers. All child/daycare/preschool settings should provide nutritious meals and snack options that consist of as many fresh produce items as possible, low-fat dairy, fruits, vegetables, and whole grains. Water and low-fat milk should be the preferred beverages. The Alliance for a Healthier Generation food and beverage guidelines23 or the IOM standards24 could serve as a starting point for nutrition standards for foods and beverages, but would have to be modified for the appropriate age. Child care facilities are generally regulated by states and rules vary widely, however the federal Head Start program offers an opportunity to provide federal guidance and some uniformity in this area. The federal Head Start program is included in the wellness policy requirement under Child Nutrition
and WIC reauthorization so this provides an important opportunity to strengthen the
requirements around nutrition, nutrition education, and physical activity, assessment of
the wellness policies, effective implementation, and improved transparency to families.
There should be effective dissemination of information to parents and parents should be
included in nutrition education efforts.

2. The Child and Adult Care Food Program, administered by the Department of Agriculture
provides funds for meals and snacks for almost 3 million children in child care each day.
Providers who receive these funds must serve meals and snacks that meet certain meal
patterns, but the regulations for this program could be strengthened so that meals and
snacks meet stronger, more specific nutrition-based standards. Reimbursement should
remain sufficient.

3. Physical activity standards should specify how much time children in day care should
spend in moderate-vigorous physical activity. All child/daycare/preschool settings
should provide at least 60 minutes a day of physical activity, and preferably structured
activity to assure children are getting moderate-vigorous physical activity. State and
federal governments should fund grants or provide tax credits to corporations or
individuals who want to contribute physical activity facilities or equipment to child care
programs.

4. All child/daycare/preschool settings should not allow students more than 30 minutes of
“screen time” per day including combined computer and tv/video time.25

5. All child/daycare/preschool settings should encourage parents/caregivers to play an
active role in their child’s nutrition and physical activity choices and development and
child care centers should provide parents with the latest health information in these areas.
Federal and state governments should continue to provide grant programs, curricular
material, and other resources for child care centers to target parents and families
(resources for cooking classes, strategies to reduce television watching/screen time,
counteracting media messages, health screenings for parents and caregivers, or the use of
social marketing to prevent obesity) and improve the link between child care settings and
families. Effective dissemination strategies should be developed to assure that the
resources, guidelines, and standards that have been developed for young children and
families by the federal and state governments, researchers, and credible health
organizations reach their intended audience.

6. Child care providers/teachers should be required to take a course in nutrition and physical
activity and be provided resources/toolkits and curricular materials as part of their
credentials, as they are significant role models for the children they take care of on a
daily basis. Federal agencies should continue to help provide this information. This has
also been done in some states like North Carolina and Pennsylvania where child care
providers have been trained with the “Color Me Healthy” curriculum (developed with a
partnership between the North Carolina Cooperative Extension and the NC Division of
Public Health).26 There should be significant public and private funding for these
professional development initiatives.

7. All child/daycare/preschool settings should allow young children to nap daily. Research
shows strong relationships between obesity and sleep deprivation.27,28
8. Increase research and surveillance around nutrition and physical activity behaviors in child care settings, the facilities, the environment and policy change. Ongoing research is needed to evaluate the effectiveness of primary prevention efforts in young children and in child care environments. This could be done through recognition/award programs or other incentives that would motivate child care staff to record and collect this information. Assessment tools are currently available. State and federal governments should also fund additional research in this area.

9. Prohibit marketing and advertising of unhealthy foods to children in childcare programs.

10. Incorporate cardiovascular disease risk factors such as blood pressure and growth screening with preschool health assessments. See the American Heart Association’s policy position statement on treatment of childhood obesity in the health care environment. The American Heart Association advocates for early evidence-based treatment services to address any abnormalities found during these assessments.

References:


28 Taveras et al., Short sleep duration in infancy and risk of childhood overweight. *Archives of Pediatric and Adolescent Medicine.* 2008; 162:305-311.


30 The American Heart Association policy position statement on food marketing and advertising practices to children. Accessed online at http://www.americanheart.org/policystatements.


Some Existing Federal Resources:

**USDA**


State Nutrition Action Plans (SNAP) – Coordinates efforts across nutrition assistance programs at the federal, state, and local levels; encourages cross program collaboration for state plans and grants. Through SNAP, state agencies work together to plan and implement nutrition education to achieve a common statewide goal.

USDA Center for Nutrition Policy and Promotion:
- Project M.O.M. – Moms & others & MyPyramid
- Menu Planner for families – released March, 2008
- MyPyramid for Preschoolers – will be released September 23, 2008

Offers practical suggestions for children, parents/caregivers, and educators to motivate children and their caregivers to eat healthy and be active.

**CHILD and ADULT CARE FOOD Program** – directed by The Child Nutrition and WIC Reauthorization Act of 2004 (Pub. L. 108-265) - permits for-profit child care centers to participate in the CACFP when 25% of the centers enrollment or licensed capacity receive either Title XX or are eligible for free or reduced price meals. Provides a meal pattern for foods served in this program [http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm](http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm), but does not have specific nutrition standards for foods and beverages to qualify.

**US Department of Health and Human Services** – Administration for Children and Families

**Head Start** - Created in 1965, Head Start is the most successful, longest-running, national school readiness program in the United States. It provides comprehensive education, health, nutrition, and parent involvement services to low-income children and their families. Nearly 25 million pre-school aged children have benefited from Head Start.

**The National Head Start Association** - The National Head Start Association is a private not-for-profit membership organization dedicated exclusively to meeting the needs of Head Start children and their families. It represents more than 1 million children, 200,000 staff and 2,700 Head Start programs in the United States. The Association provides support for the entire Head Start community by advocating for policies that strengthen services to Head Start children and their families; by providing extensive training and professional development to Head Start staff; and by developing and disseminating research, information, and resources that enrich Head Start program delivery. Head Start programs are required to follow the Wellness Policy Guidelines in the Child Nutrition and WIC Reauthorization Act.
“Food, Fitness and Fun” – a six-week curriculum available for purchase by Head Start providers that helps child care centers fulfill the nutrition, nutrition education, and physical activity components of the wellness policy requirements.

The National Association for Sports and Physical Education - Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years

The National Center for Health Statistics –

The National Survey of Early Childhood Health – Conducted in 2000, this survey provides national baseline data on pediatric care (and its impact) from the parent’s perspective. Questions focus on the delivery of pediatric care to families with children under 3 years of age and the promotion of young children’s health by families in their homes. Parents of more than 2,000 children were interviewed for this survey.

National Health and Nutrition Examination Survey – Early Childhood Questionnaire

The Sesame Street Healthy Habits for Life Child Care Resource Kit: Healthy Habits for Life, which was created in collaboration with Sesame Street and KidsHealth. This new toolkit provides child care providers with resources to promote healthy eating and physical activity with preschoolers.

The Nutrition and Physical Activity Self Assessment for Child Care (NAP SACC) (http://www.napsacc.org/) is an intervention in child care centers aimed at improving nutrition and physical activity environment, policies and practices through self-assessment and targeted technical assistance. Goals of the program are to improve nutritional quality of food served, amount and quality of physical activity, staff-child interactions, and center nutrition and physical activity policy. The main steps of the intervention include:

1. Self-Assessment: The child care facility director, together with key center staff complete the NAP SACC self-assessment tool. This tool assesses the center on 15 key areas in nutrition and physical activity with response options ranging from minimal to best practice.
2. Action Planning: Based on self-assessment answers, facilities chose 3 to 4 areas for improvement and map out an action plan for making these improvements with guidance and support from the NAP SACC Consultant
3. Workshop Delivery: The NAP SACC Consultant delivers 4 ready-use-workshops to the facility. These workshops include: 1) Childhood Overweight, 2) Nutrition for Children, 3) Physical Activity for Children, and 4) Personal Health and Wellness for Staff
4. Targeted technical assistance: NAP SACC Consultants maintain regular contact with the facility to provide support and guidance in making their improvements.
5. Evaluate, Revise, and Repeat: The NAP SACC self-assessment instrument is completed a second time to see where improvement have or haven't been made. At this time Action Plans are revised to include new goals and objectives and technical assistance continues.

Expert resources for additional information:

Sarah E. Messiah, Ph.D., MPH
Research Assistant Professor
Perinatal and Pediatric Epidemiologist