FACTS

Obesity Prevention in Early Child Care Education

Preventing Obesity One Child at a Time

OVERVIEW

Nearly 17% of children in the U.S. ages 2-19 are obese and another 15% are overweight.[1] Childhood obesity disproportionately affects racial and ethnic minority populations.[2] Globally, an estimated 43 million preschool aged children are overweight or obese, a 60% increase from 1990.[3] Comorbidities associated with excess weight are similar in children as in the adult population[4] and include problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.[5] There is a evidence that demonstrates overweight and obesity in childhood and adolescence is associated with an increased risk of both premature mortality and adult morbidity.[6] These findings illustrate why it is imperative to intervene in early childhood to prevent obesity and cardiovascular disease related risk factors.

WHY THE NEED

Child care providers are in a unique position to educate parents and guardians about the importance of healthy eating and physical activity, while also supporting a healthy environment for children to learn and grow. A 2012 survey reports that 60% of all U.S. children five years and younger not yet in kindergarten were in some form of non-parental care.[7] 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.[8] Reaching young children and their families is an essential strategy for primary prevention of obesity, cardiovascular disease, and their associated risk factors.

CHALLENGES

Despite the importance of addressing obesity prevention in child care settings, researchers know relatively little about the nutritional or physical activity offerings in this setting. Research suggests the meals and snacks served may be lacking in nutritional quality and physical activity levels may be insufficient.[9] With the exception of the federal Head Start program, child care facilities are regulated by state laws and their rules can vary substantially. As a result, few uniform standards apply to foods eaten, or physical activity programs administered, in this setting.[9]

Research has shown that preschool aged children consume too much sodium, saturated fat, and added sugar and have inadequate consumption of fruits, vegetables, and whole grains. Roughly 85% of preschoolers consume a sweetened beverage, dessert, or a sweet or salty snack each day.[10] Assuring that healthy foods are served in age-appropriate portion sizes is extremely important for overall health and effective dietary patterns. Because children's food preferences and practices originate in the first years of life, early dietary interventions may have immediate nutritional benefit and reduce chronic disease risk if these healthful habits are carried into adulthood.[11]

In general, sedentary behaviors are associated with higher body weight.[12] One of the most common sedentary activities preschoolers participate in is screen time, such as viewing a computer or television.[13] Given that the early years play a vital role in the development of health-related behaviors, early intervention around screen-viewing and physical activity is required to prevent sedentary behaviors from carrying into adolescence and adulthood.[14]

A comprehensive review by the Institute of Medicine (IOM) states that food advertising affects children's food choices, food purchase requests, diets, and health.[15] Multiple studies have shown a child's brand knowledge, in relation to food and beverage, is a significant predictor of their body mass index (BMI).[16] Advertising of high-calorie, low nutrient-dense foods could contribute to higher consumption of those foods, therefore, should not be allowed in child care settings.

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HEALTHY WAY TO GROW

Healthy Way to Grow[17] is a comprehensive, multifaceted obesity prevention program that provides technical assistance for child care centers across the country. Its aim is to create healthier children, better-informed parents and caregivers, and, ultimately, reduce childhood obesity. Components of the program include nutrition education for children and providers, family engagement, community partnering, center wellness policy implementation, screen time limitations, infant feeding, and recommendations for physical activity and healthy food and beverage choices. *Healthy Way to Grow* has developed best practices relevant to obesity prevention in child care settings.

THE ASSOCIATION ADVOCATES

To support the development of healthy early childhood habits, the American Heart Association makes the following recommendations:

- Child care providers should meet minimum, uniform standards in nutrition, physical activity, screen time limitations, breastfeeding, and professional development (e.g. nutrition and physical activity education) and use *Healthy Way to Grow* best practices, recommendations from the IOM and other collaborative reports, and the CACFP's nutrition guidelines[18] as guidance.

- Technical support and funding to child care settings should be expanded in order to assist those needing help reaching these standards with attention being given to centers/providers serving the needs of high-risk populations and underserved communities.

- Mandatory, statewide, quality rating recognition programs should be provided and funded. These programs would distinguish child care settings going above and beyond minimum requirements and help ensure continuous improvement throughout child care settings. The recognition programs should be overseen by the appropriate state agency in collaboration with other relevant agencies. Additional funding should be provided to help centers/providers serving the needs of high-risk populations and underserved communities to participate in these programs and meet the requirements.

- States should disseminate research and best practices to child care providers and help parents better understand the quality of child care in their communities by making readily available, easily understandable information on the quality rating recognition programs in the state and how child care settings rank.

- All forms of marketing and advertising of unhealthy foods and beverages to children should be prohibited in child care settings.

[1] Centers for Disease Control and Prevention. (2014). Prevalence of overweight and obesity among children and adolescents: United States, 1963-1965 through 2011-2012. Retrieved from http://www.cdc.gov/nchs/data/hestat/obesity_child_11_12/obesity_child_11_12.htm.
[2] Peña, M. M., Dixon, B., & Taveras, E. M. (2012). Are you talking to ME? The importance of ethnicity and culture in childhood obesity prevention and management. Childhood Obesity, 8(1), 23-27. doi: 10.1089/chi.2011.0109.
[3] De Onis, M., Blössner, M., & Borghi, E. (2010). Global prevalence and trends of overweight and obesity among preschool children. The American Journal of Clinical Nutrition, 92(5), 1257-1264. doi: 10.3945/ajcn.2010.29786.
[4] Deckelbaum, R.J., & Williams, C.L. (2001). Childhood obesity: The health issue. Obesity Research, 9(S11), 239S-243S. doi: 10.1038/oby.2001.125.
[5] Office of the Surgeon General. (2010). The Surgeon General's Vision for a Healthy and Fit Nation. Rockville, MD, U.S. Department of Health and Human Services.
[6] Reilly, J.J., & Kelly, J. (2011). Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: Systematic review. International Journal of Obesity, 35(7), 891-898. doi:http://dx.doi.org/10.1038/ijo.2010.222.
[7] U.S. Department of Education. (2013). Early childhood program participants, from the national household education surveys program of 2012. Washington, D.C.: U.S. Government Printing Office. Retrieved from http://nces.ed.gov/pubs2013/2013029.pdf.
[8] Natale, R., Scott, S.H., Messiah, S.E., Schrack, M.M., Uhlhorn, S.B., & Delamater, A. (2013). Design and methods for evaluating an early childhood obesity prevention program in the childcare center setting. BMC Public Health, 13(1), 78.
[9] Story, M., Kaphingst, K.M., & French, S. (2006). The role of child care settings in obesity prevention. The Future of Children, 16(1), 143-168. doi: 10.1353/foc.2006.0010.
[10] Fox, M.K., Condon, E., Briefel, R.R., Reidy, K.C., & Deming, D.M. (2010). Food consumption patterns of young preschoolers: Are they starting off on the right path? Journal of the American Dietetic Association, 110(12), S52-S59.
[11] Nicklas, T.A., Baranowski, T., Baranowski, J.C., Cullen, K., & al, e. (2001). Family and child-care provider influences on preschool children's fruit, juice, and vegetable consumption. Nutrition Reviews, 59(7), 224-35. doi: 10.1111/j.1753-4887.2001.tb07014.
[12] Prentice-Dunn, H., & Prentice-Dunn, S. (2012). Physical activity, sedentary behavior, and childhood obesity: a review of cross-sectional studies. Psychology, Health & Medicine, 17(3), 255-273. doi: 10.1080/13548506.2011.60880.
[13] De Decker, E., De Craemer, M., De Bourdeaudhuij, I., Wijndaele, K., Duvinage, K., Koletzko, B., … & Cardon, G. (2012). Influencing factors of screen time in preschool children: An exploration of parents' perceptions through focus groups in six European countries. Obesity Reviews, 13(s1), 75-84. doi: 10.1111/j.1467-789X.2011.00961.x.
[14] Vanderloo, L. M. (2014). Screen-viewing among preschoolers in childcare: A systematic review. BMC Pediatrics, 14(1), 205. doi: 10.1186/1471-2431-14-205.
[15] Institute of Medicine. (2006). Food Marketing to Children: Threat or Opportunity? Washington, DC: National Academies Press.
[16] Cornwell, T.B., McAlister, A.R., & Polmear-Swendris, N. (2014). Children's knowledge of packaged and fast food brands and their BMI. Why the relationship matters for policy makers. Appetite, 81, 277-283. doi: 10.1016/j.appet.2014.06.017.
[17] American Heart Association. (2013). Healthy Way to Grow. Retrieved from http://www.healthywaytogrow.org/HWTG/.
[18] United States Department of Agriculture. (2013). Child and Adult Care Food Program. Retrieved from http://www.fns.usda.gov/cacfp/meals-and-snacks.