Improving Nutrition, Breastfeeding, Physical Activity and Screen Time Policies and Practices in the Child Care Setting

CDC’s Framework

10th Annual Maine-Harvard PRC Workshop
January 21, 2011
Our General Perspective

Identification of cause less important than identification of effective intervention

Individual-focused interventions less effective than multi-level approaches

Need for both evidence-based practice and practice-based evidence

Focus on population strategies that change the food and physical activity environments (policy & environmental change)
The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills

Adapted from: www.preventioninstitute.org
CDC Priority Strategies for Obesity
3 Lenses

- Target Areas (6)
- Settings
- Type (MAPPS)
6 Principal Target Areas

- Fruits and vegetables
- Breastfeeding (initiation, duration, exclusivity)
- Daily physical activity

- High Energy Density foods
- Sugar Drinks
- Screen Time
Priority Strategies by Target Area

Energy density
- Better nutrition standards in child care and schools
- Menu labeling
- More retail food stores in underserved areas

Fruits and vegetables
- Increase access through retail stores
- Farm to where you are
- Food policy councils

Sugar Drinks
- Limit access
- Ensure access to safe and good tasting water
- Differential pricing
Screen Time

- Regulations to limit screen time in child care settings
- Limit food advertising directed at children

Breastfeeding

- Maternity Care policies and environmental supports
- Policy and environmental supports in worksites
- State and national breastfeeding coalitions

Physical activity

- Community-wide campaigns
- Increase access with informational outreach
- Increase opportunities for PA in school and child care settings
Priority Strategies by Type

- Media
- Access
- Point of Decision
- Price
- Social Support & Services
Priority Strategies for Settings.

Child care
School
Community
Work Site
Medical Settings
Cities and Counties listed have CPPW Initiatives
Obesity Prevention in Child Care: The Time is Now

- Increasing calls to intervene for obesity prevention and control at younger ages: > 20% of children are overweight or obese by age 6
  > 30% of low income children participating in WIC


Caring for Our Children (CFOC)

- Nationally recognized, model standards for health & safety practices in early care and education settings
- Evidence-based and expert consensus
- Funded by HHS/HRSA/MCHB in partnership with AAP, APHA, and NRC
- 3rd edition due 2011, accelerated release of obesity prevention related standards (July 2010)
Obesity Prevention Comprehensive Standards

NUTRITION: variety of healthy foods and beverages
limiting unhealthy foods and beverages
promote positive mealtime environment
support breastfeeding mothers

PHYSICAL ACTIVITY: daily indoor & outdoor activities

SCREEN TIME: limited
Spectrum of Opportunities for State Action

Improved N/BF/PA/S cT in child care

Source: CDC Expert Panel, Sept. 2010
CACFP

Guidelines

Nutrition Education

Participation
## U.S. State Child Care Licensing Regulations

(Pre-CFOC Obesity Prevention Guidelines)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Child Care Centers (# of states)</th>
<th>Family Child Care Homes (# of states)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water freely available</td>
<td>41</td>
<td>34</td>
</tr>
<tr>
<td>Limit sugar drinks</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Limit low nutrition foods</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>No forcing to eat</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td>No using food as rewards</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Support Breastfeeding</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Limit screen time</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Required Physical Activity</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Benjamin S, et al. BMC Public Health 2008; 8:188
MAINE OVERALL GRADE: C+

Healthy Eating Grades
Centers: C
Homes: C-

Physical Activity Grades
Centers: B
Homes: B
<table>
<thead>
<tr>
<th>Centers</th>
<th>Homes</th>
<th>Healthy Eating Regulations in Maine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Foods of low nutritional value are served infrequently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sugar sweetened beverages are not served</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children older than two years are served reduced fat milk</td>
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<tr>
<td>✓</td>
<td></td>
<td>Clean, sanitary drinking water is available for children to serve themselves throughout the day</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>Nutrition education is offered to child care providers</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>Juice is limited to a total of 4-6 ounces per day for children over one year of age</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Child care providers do not use food as a reward or punishment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nutrition education is offered to children</td>
</tr>
<tr>
<td></td>
<td>✓</td>
<td>At least one child care provider sits with children at the table and eats the same meals and snacks</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Providers encourage, but do not force, children to eat</td>
</tr>
<tr>
<td>Centers</td>
<td>Homes</td>
<td>Physical Activity Regulations in Maine</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Children are provided with physical activity daily</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Television, video, and computer time are limited</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Child care providers do not withhold active play time as punishment</td>
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<tr>
<td>✓</td>
<td>✓</td>
<td>Children with special needs are provided opportunities for active play while other children are physically active</td>
</tr>
<tr>
<td>✓</td>
<td>✓</td>
<td>Children are provided outdoor active play time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical activity education is offered to child care providers</td>
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<tr>
<td></td>
<td></td>
<td>At least one provider joins children in active play</td>
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<tr>
<td>✓</td>
<td>✓</td>
<td>Shaded areas are provided during outdoor play</td>
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<tr>
<td>✓</td>
<td>✓</td>
<td>Children are not seated for long periods of time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical activity education is offered to children</td>
</tr>
</tbody>
</table>
NYC Board of Health Amendment, Article 47

- 60 minutes of physical activity per day (full day attendance)
  - At least 30 minutes of structured and guided
- No screen time for children younger than 2 years
- Screen time limited to 60 minutes per day of educational programming for children 2 years or older
- No beverages with added sweeteners
- Require water to be accessible and available throughout the day
- Limit juice to one 6-oz serving, 100% juice per day
- 1% or lower fat milk for children 2 years and older
- Require distribution of nutrition guidelines to parents for food brought into day care facilities from other sources
Arizona “EMPOWER” Program
Incentivizing Improved Standards

• Set of 10 improved nutrition, physical activity, and screen time standards
  • 60 minutes of planned activity
  • only low fat or fat free milk for children >= 2 years
  • Water offered at least 4 times per day
  • limit juice to 4 to 6 ounces per day of only 100% juice
  • family style meals
  • let the child decide how much to eat.

• 50% reduction for licensing fees (3 year period).

• A series of videos helps child care providers successfully implement the standards
Florida: Improved Standards Highlights

- Ready-to-eat cereals limited to 10 grams of sugar or less per serving with primary grain a whole grain
- Encourages low fat or fat-free milk for children 2 years and older
- Enhanced requirements for weekly servings of fruit and vegetable
- No more than two sweet grain/bread snack items per week
Wisconsin: ‘YoungStar’ Child Care Rating Program

- Awards programs up to 5 stars based on points earned.
- Points earned for serving nutritious meals and snacks are required to reach the 3-star and higher levels.
- Optional points can be earned for providing at least 60 minutes of physical activity a day.
- Beginning July 2011, all programs that receive child care subsidy funds are required to participate in the YoungStar program.
New York

• NAP SACC statewide implementation

• Eat Well Play Hard in Child Care
  http://center-trt.org/index.cfm?fa=op.overview

• Breastfeeding Friendly Centers
  www.health.state.ny.us/prevention/nutrition/cacfp/breastfeedingspon.htm
Preschools can purchase fresh produce from a local farmer in Hadley, MA.

Co-operative model with bulk pricing

Professional development series for staff about the latest nutrition guidelines, culinary skills, and business management.

http://partnersforahealthiercommunity.org/index.php?option=com_content&view=article&id=2&Itemid=19
St. Louis: Farm to Child Care Program

- Fresh, local food to twenty child care centers in partnership with a farmer owned grocery store and distributor
- Child care centers place orders on Wednesday evenings, orders delivered to the centers on Monday
- Parents can pay $15 to get a bag of fresh, local, seasonal produce with recipes for using both common and less common fruits and vegetables.
- 6 educational workshops per year for child care center staff.
- Gardens are established at the centers via partnership with Gateway Greening.

Multi-Component Child Care Initiative: Delaware

- Regulatory changes that affect all licensed child care;
- Nutrition regulation changes to the Delaware Child and Adult Care Food Program
- Legislation creating ‘Delaware Stars for Early Success’ (QRIS)
- Changed the training infrastructure of the state
- Learning collaborative model to support long term sustainable policy and practice changes in the child care setting; and
- Development of tools for teachers to use to educate and engage infants, toddlers and preschoolers in healthy eating habits, reduced screen time and physical activity in the classroom.

https://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/factsheet/ccareprogrpt.pdf
State Action Guide Project
Addressing Obesity in the Child Care Setting by improving Nutrition, Breastfeeding, Physical Activity, and Screen Time Policies & Practices

Purpose
Framework for state action to improve policy and practice via a ‘Spectrum of Opportunities’

Guide users through a process for change
Guide Outline

1. Introduction: why child care
2. Child Care 101
3. Identifying key stakeholders & building partnerships wi/state
4. Assessing current status & readiness for change
5. Selecting opportunities for change: the ‘spectrum of opportunity’
6. Implementing a state plan
7. Evaluation & Monitoring
8. Appendices
Innovative and Pilot States

Innovative States - lessons learned, keys for success
Examples for each menu option
Illustrate steps in process

Pilot States (AR, GA, KY, MS, RI, NY)
Convening stakeholders – 2 meetings
Interact with guide material (1st draft: Jan 2011)
Extra Technical Assistance
Spectrum of Opportunities for State Action

- Improved N/BF/PA/S cT in child care
- Licensing & Admin Regs
- Early Learning Stnds.
- Funding & Finance
- Facility-Level Programs & Intervt’s
- Prof. Traing & Ed
- Certification & Cont. Ed
- TA and Consult
- Curricula (Kids)
- Access (Farm2PS; Gardens; Procurem’t; joint use)
- Parent Involvm’t

Source: CDC Expert Panel, Sept. 2010
Questions?
Encourage breastfeeding:

- Encourage mothers to breastfeed at the child care program – provide comfortable, private areas
- Train caregivers/teachers to support and advocate for breastfeeding.
- Implement policies and procedures on handling and feeding human milk safely – reduces mother’s anxiety and promotes safety for infants
CFOC Nutrition Standards

- Feed infants on cue by consistent caregiver
- Accommodate use of soy formula and soy milk when necessary
- Use 2% milk for children 12 months to 2 years, for whom overweight or obesity is a concern with written documentation from health professional
CFOC Nutrition Standards

- Accommodate vegetarian diets
- Serve small size portions
- Availability of age-appropriate nutritious snacks
- Caregivers are models of healthy eating habits
- Provider sits with children during meal time and encourages socialization
- Food is never used as a reward/punishment
Nutrition Standards

• Water available throughout the day

• No fruit juice for children under 12 months

• 100% juice limited to 4-6 ounces for children 1–6 years of age

• Whole fruits encouraged

• Nutrition education offered to children & parents
CFOC Physical Activity Standards

- Promote development of infant movement skills – plenty of tummy time
- Promote active daily play for 1-6 year olds with:
  - 2-3 outdoor occasions
  - 2 or more structured activities over course of day (indoor and/or outdoor)
  - Time for unstructured active play
Caregivers and teachers encourage and participate in physical activities:

• Lead structure activities

• Wear clothing that permits safe and easy movement

• Prompt children to be active
CFOC Physical Activity Standards

Limit restrictive movement

- Limit time in high chair to no more than 15 minutes (except for meals & snacks)
- Cribs are only for sleeping or resting
- Restricting active play as a punishment is not allowed
CFOC Screen Time Standards

• No TV, video, DVD and computer use under 2 years of age

• 2 years and older:
  – Only 30 minutes per week of media time and only for educational/physical activity purposes
  – Computer use – 15 minute increments; school age children may have longer for homework.

• Caregivers as role models
  – no TV watching during day