

Keeping Americans Healthy and Strong at Every Stage of Life

*** The conclusions presented in this presentation are those of the author, and do not represent the official position of the CDC or HHS*

Early Care and Education Licensing:

A Tool to Support Obesity Prevention Efforts



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Division of Nutrition, Physical Activity, and Obesity



OVERVIEW



Childhood Obesity in the U.S.

ECE Licensing: A Lever for Preventing Obesity

"Achieving a State of Healthy Weight" Report

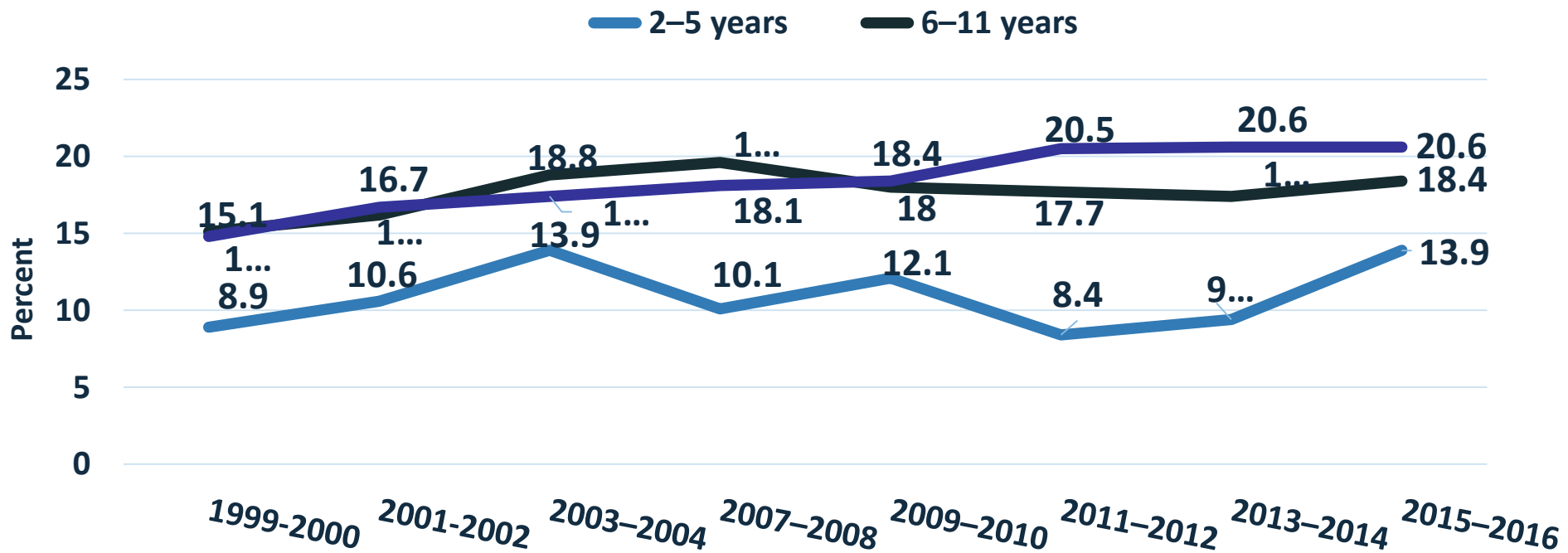
Methodology for Coding and Rating

Select Findings and Potential Actions

Resources

Childhood Obesity is High Among All Age Groups

PREVALENCE OF OBESITY IN U.S. YOUTH 2–19 YEARS, 1999–2000 THROUGH 2015–2016

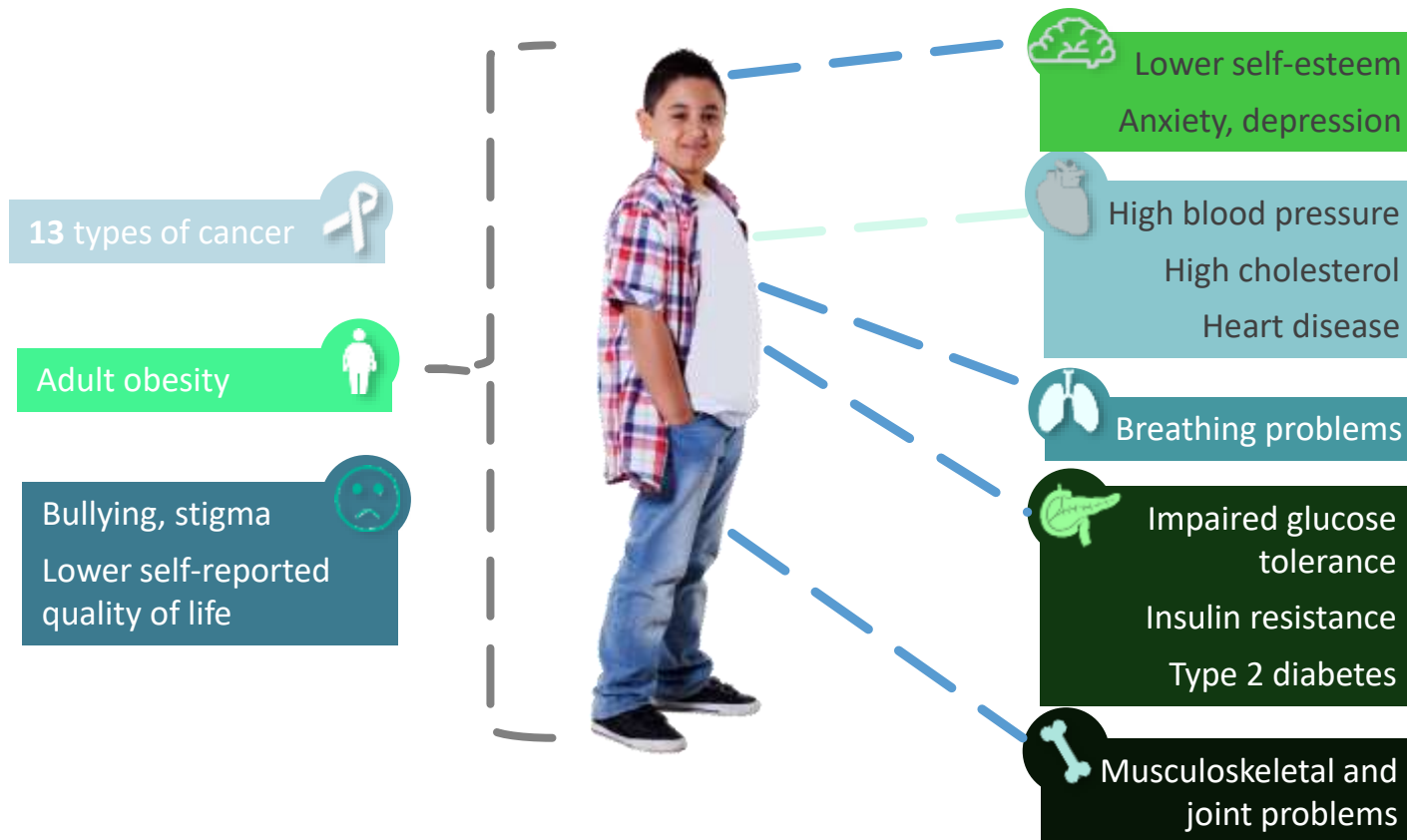


WHY FOCUS OBESITY PREVENTION EFFORTS ON YOUNG CHILDREN?

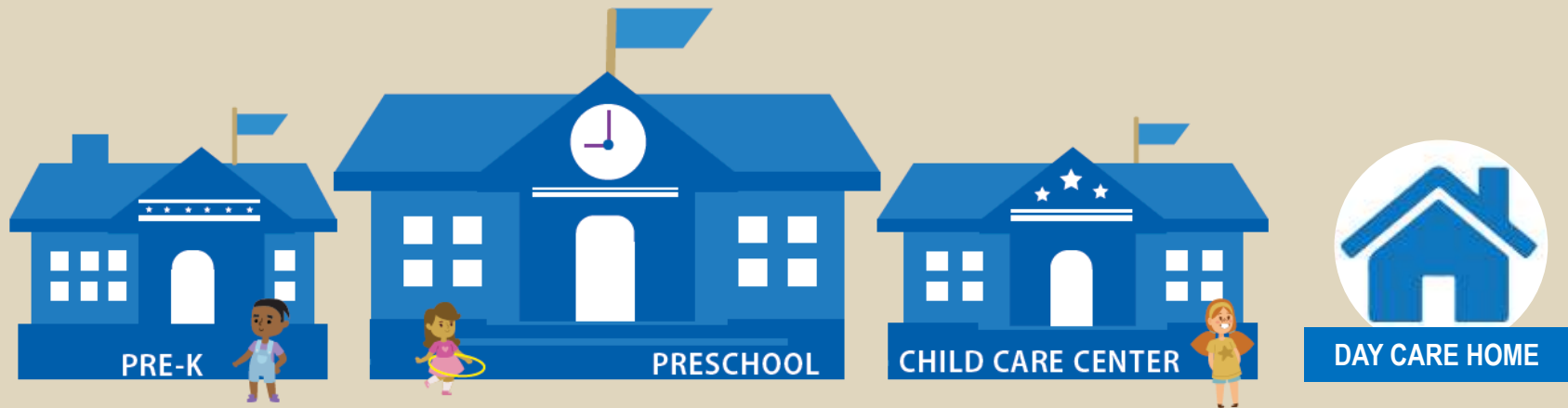


Young children who are overweight in kindergarten are **4 times more likely** to have obesity by 8th grade than those not overweight

Health Consequences of Childhood Obesity



THE ECE SETTING DIRECTLY INFLUENCES WHAT KIDS EAT AND DRINK AND CAN HAVE RIPPLE EFFECTS



Over **60%** of 3-5 year olds
are in child care weekly

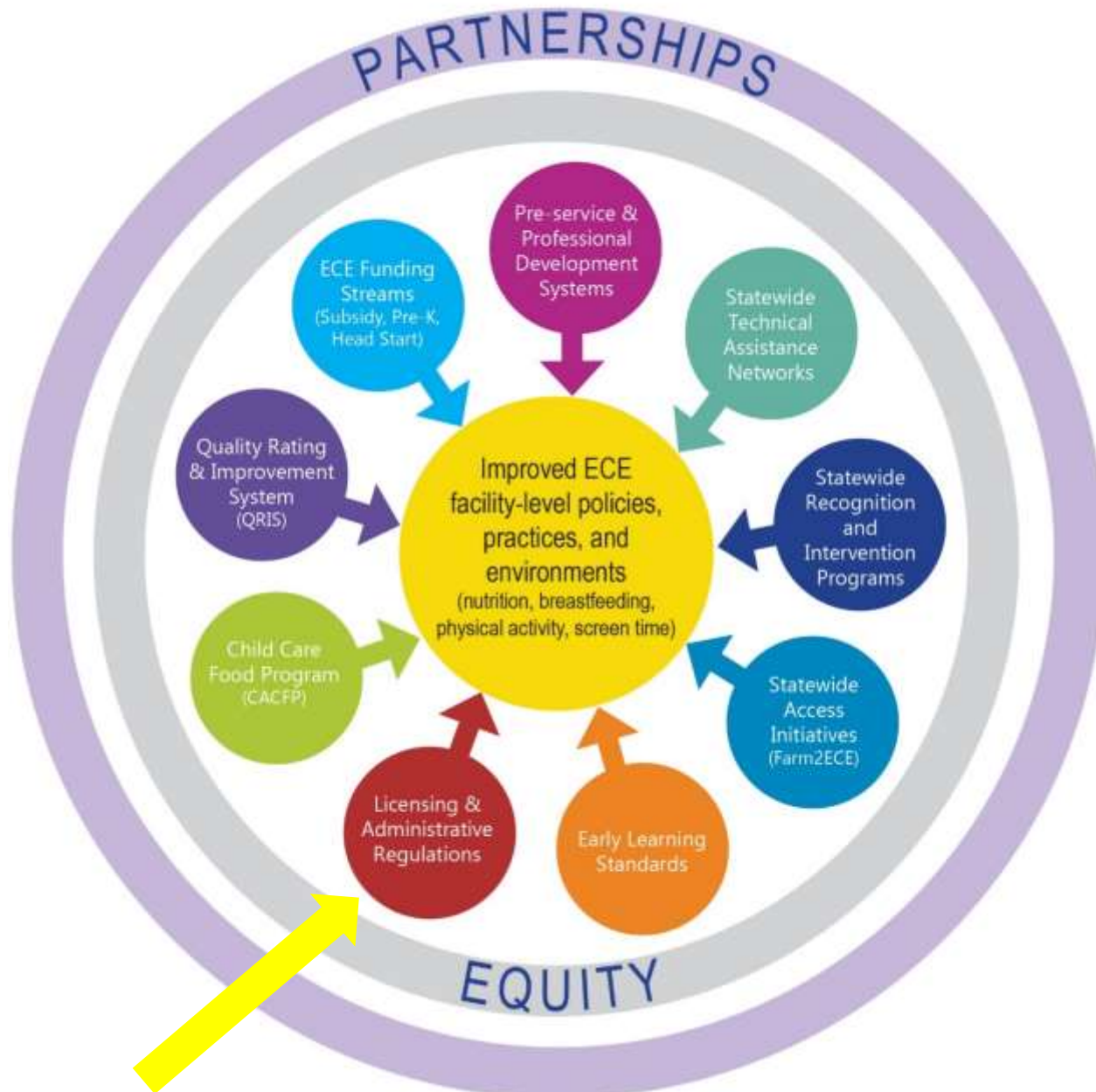
At least **11 million** children under 6
spend **30 hours** a week on average in child care

Early Care & Education State Licensing

What Do We Know?



The Spectrum of Opportunities Framework 2.0



Opportunities Framework 2.0: Sub-options



Licensing & Administrative Regulations

1. Improve licensing standards for obesity prevention
2. Include obesity prevention content in licensing approved trainings
3. Provide incentives for providers to exceeding licensing standards
4. Enhance content in licensing commentary/support materials
5. Use licensing monitors as a technical assistant touch-point
6. Collect and use data from licensing monitors
7. Support enhanced local standards (if not pre-empted by the state)



Child Care Food Program (CACFP)

1. Increase CACFP participation and retention rates
2. Promote enhanced standards within CACFP
3. Support a specific obesity prevention facility-level intervention
4. Include full obesity prevention content in CACFP trainings
5. Build technical assistance competencies for obesity prevention
6. Partner with Sponsoring Organizations to incorporate obesity prevention into their work
7. Address barriers to full utilization of federal CACFP funds



Quality Rating & Improvement System (QRIS)

1. Include obesity prevention standards
2. Require/support assessments of policies and practices
3. Require/support action planning
4. Strengthen expertise of QRIS coaches/TA providers
5. Offer incentives to support implementing obesity prevention strategies
6. Update training and education requirements



ECE Funding Streams (Subsidy, Pre-K, Head Start)

1. Require obesity prevention standards (Subsidy)
2. Require preservice training on obesity prevention (Subsidy)
3. Require annual clock-hour training on obesity prevention (Subsidy)
4. Require parent education and engagement on obesity prevention topics (Subsidy)
5. Promote enhanced standards within state funded programs (Pre-K and Head Start)



Pre-service & Professional Development Systems

1. Ensure availability of on-demand trainings for CEUs
2. Require core content in ECE certification/degree programs
3. Ensure optional training in ECE certification/degree programs
4. Ensure that state-approved trainers are qualified to train on current obesity prevention standards and best practices for achieving them



Statewide Technical Assistance Networks

1. Standardize expertise among existing TA network providers
2. Assess and address the need for additional TA providers in the state



Statewide Recognition and Intervention Programs

1. Maintain an ongoing, statewide recognition program
2. Promote a specific obesity prevention intervention statewide
3. Make intervention participation incentives available statewide



Statewide Access Initiatives (Farm2ECE)

1. Organize stakeholders statewide to develop access initiatives
2. Launch or strengthen statewide Farm to ECE initiative
3. Develop guidance, tools, and incentives for central kitchens
4. Strengthen fresh food procurement and distribution chains



Early Learning Standards

1. Include standards for obesity prevention content areas
2. Create guidance materials for meeting ELS using obesity prevention strategies

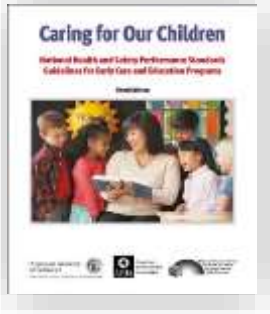
ECE LICENSING: *A TOOL TO SUPPORT OBESITY PREVENTION EFFORTS*

- The state licensing authority grants permission to an ECE facility to operate, thus, an important lever for change, with large reach.
- States *often* have different sets of licensing regulations for different types of ECE facilities.
 - Childcare Centers
 - Large/Group Family Child Care Homes
 - Small Family Child Care Homes
- Traditionally, ECE licensing regulations focused on health and safety of children, but can also include strong obesity prevention standards.

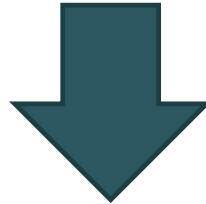


Licensing &
Administrative
Regulations

ECE LICENSING: *A TOOL TO SUPPORT OBESITY PREVENTION EFFORTS*



CFOC 3rd edition provides national health and safety performance standards for ECE

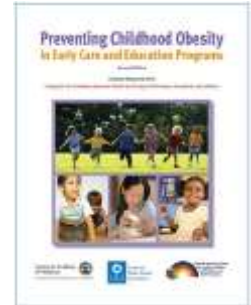


A subset of are considered Obesity Prevention Standards



A subset are considered 'High Impact'

- Infant feeding (e.g., breastfeeding, early child nutrition)
- Offering more nutritious meals, snacks, and beverages including water
- Providing many opportunities for physical activity and limiting screen and sedentary time



NRC: ACHIEVING A STATE OF HEALTHY WEIGHT REPORTS

- Since 2010, the National Resource Center for Health and Safety in Child Care and Early Education (NRC) has ***collected, coded, and rated*** state ECE licensing regulations for all 50 states and D.C.
- Regs rated on the extent to which they include the **47** High Impact obesity prevention standards from CFOC
- CDC/DNPAO currently funds this work



<http://nrckids.org/HealthyWeight>

Infant Feeding Standards

- ECE licensing regulations are rated on the extent to which they include 11 Infant Feeding Standards

IA1	Support breastfeeding
IA2	No cow's milk < 1yr
IB1	Feed infants on cue
IB2	Stop feed @ satiety
IB3	Hold infant to feed
IC1	Plan solid introduction
IC2	Intro solids @ 4-6 mo
IC3	Iron-Fort @ 4-6 mo
ID1	Don't mix formula
ID2	Whole fruit 7 m-1 yr
ID3	No juice < 12 mo

Nutrition Standards

- ECE licensing regulations are rated on the extent to which they include 21 Nutrition and Feeding Standards

NA1	Limit oils/fats	ND1	Make water available
NA2	Low fat meat/proteins	NE1	Teach portion sizes
NA3	Low fat milk equivalents	NE2	Eat with children
NA4	Whole milk 1-2 y/o	NF1	Appropriate servings
NA5	Low fat milk > 2 y/o	NF2	Healthy seconds
NB1	Whole grains	NG1	Limit salt
NB2	Variety of vegetables	NG2	Avoid sugary foods
NB3	Variety of whole fruit	NH1	Food no force/bribe
NC1	100% juice	NH2	Food no reward/punish
NC2	Juice only @ meals		
NC3	Juice 4-6 oz. 1-6 y/o		
NC4	Juice 8-12 oz. 7+ y/o		

Physical Activity and Screen Time Standards

- ECE licensing regulations are rated on the extent to which they include 15 PA and Screen Time standards.

PA1	Space for active play
PA2	Training on activities
PA3	Write activity policies
PA4	Play with children
PA5	Don't withhold play
PB1	No screen time < 2 yr
PB2	Screen time 30 min/wk
PB3	Screen time purpose
PB4	No TV w/meals
PC1	Outdoor play occasions
PC2	Toddler play time
PC3	Preschool play time
PD1	Structured play
PE1	Tummy time often
PE2	Limit time infant equip.

METHODOLOGY:

COLLECTING AND RATING STATE ECE LICENSING DATA

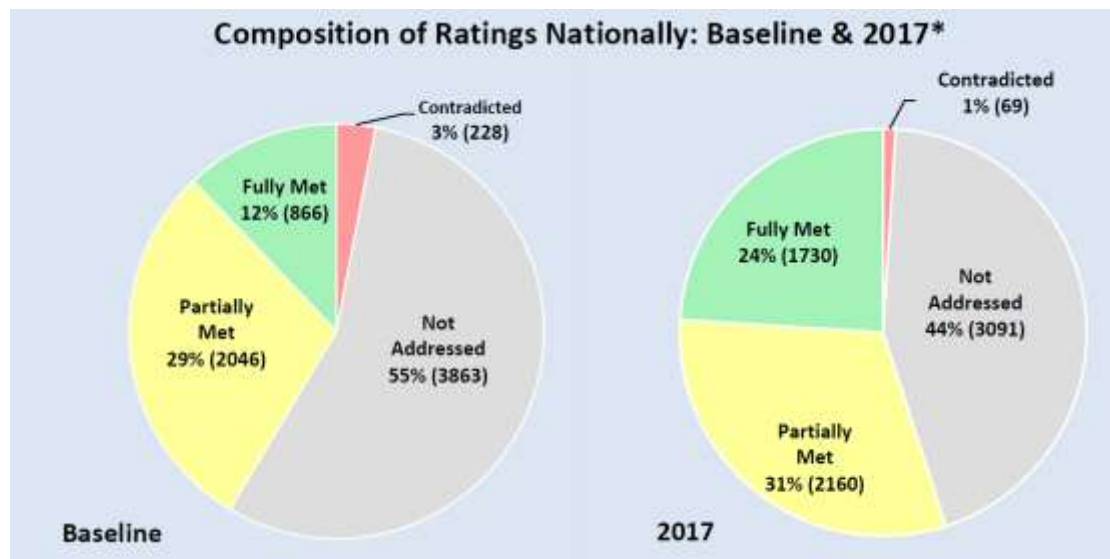
- 1) Annual screening and identification of new/revised state ECE licensing regs
- 2) Documents screened for obesity prevention content using standardized definitions
- 3) Raters trained for high inter-rater reliability
 - Regs rated by two independent raters
 - Discrepancies resolved



RATING SCALE

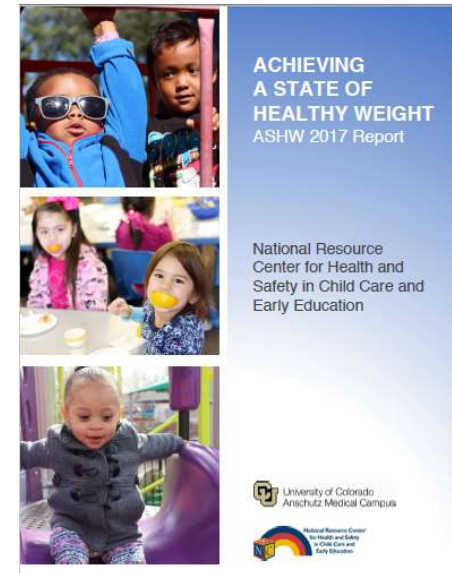
- 1 = Regulation contradicts*
- 2 = Regulation does not address*
- 3 = Regulation partially supports*
- 4 = Regulation fully supports*
- 0 = State does not regulate child care type.*

- Full and partial regulatory support for obesity prevention standards rose from 41% in 2010 to 55% in 2017.
- Contradictory regulations decreased from 3% to 1% of ratings nationally.
- Licensing regulations for Center-based facilities are most likely to include obesity prevention standards, small family child care homes are least likely.



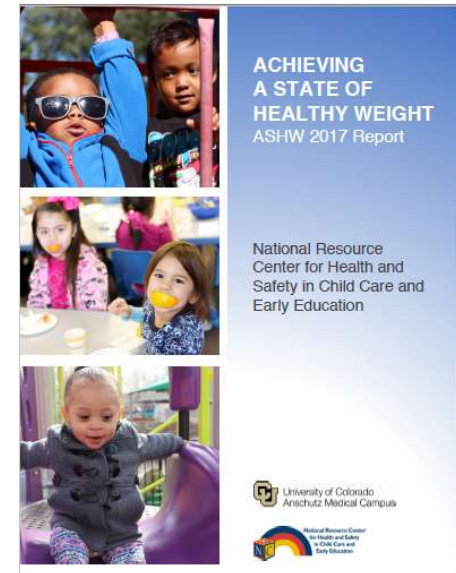
ACHIEVING A STATE OF HEALTHY WEIGHT, 2017 REPORT: *SELECT FINDINGS*

- As of 2017, the most **fully** supported obesity prevention standards in state ECE licensing regulations
 - 1) PA1- Space for Active Play
 - 2) NF1- Appropriate Serving Sizes
 - 3) ND1- Make Water Available
 - 4) IB1- Feed Infants on Cue
 - 5) NC1- 100% Fruit Juice Required



ACHIEVING A STATE OF HEALTHY WEIGHT, 2017 REPORT: *SELECT FINDINGS*

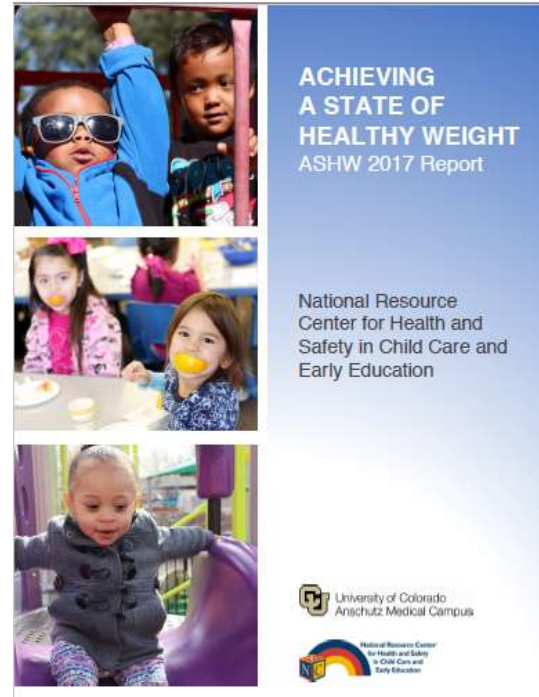
- As of 2017, the least supported obesity prevention standards in state ECE licensing regulations:
 - 1) NA1- Limit oils and fats
 - 2) PA2- Written physical activity policies
 - 3) PA3- Training on leading PA
 - 4) PA4- Play with children



ACHIEVING A STATE OF HEALTHY WEIGHT, 2017 REPORT: *SELECT FINDINGS*

Table 3

States with New Ratings in 2017			
STATE	CTR	LRG	SML
Delaware		X	X
Florida	X	X	X
Maine		X	X
New Hampshire	X	X	X
New Jersey	X	X	X
Rhode Island	X		
Utah	X	X	X



ACHIEVING A STATE OF HEALTHY WEIGHT, 2017 REPORT: *SELECT FINDINGS*

STATE PROFILES

ALABAMA

Healthy Weight Practices by Topic Area: Most Recent Ratings & 2010 Baseline

2017/2010

		Δ	CTR	Δ	LRG	Δ	SML	
Infant Feeding	IA1	Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children on-site	3 / 3		3 / 3		3 / 3	
	IA2	Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided	4 / 4		4 / 4		4 / 4	
	IB1	Feed infants on cue	4 / 4		4 / 4		4 / 4	
	IB2	Do not feed infants beyond satiety; Allow infant to stop the feeding	4 / 4		4 / 4		4 / 4	
	IB3	Hold infants while bottle feeding; Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the lap	4 / 4		4 / 4		4 / 4	
	IC1	Develop plan for introducing age-appropriate solid foods in consultation with child's parent/guardian and primary care provider	3 / 3		3 / 3		3 / 3	
	IC2	Introduce age-appropriate solid foods no sooner than 4 months of age, and preferably around 6 months of age	3 / 3		3 / 3		3 / 3	
	IC3	Introduce breastfed infants gradually to iron-fortified foods no sooner than four months of age, but preferably around six months	3 / 3		3 / 3		3 / 3	
	ID1	Do not feed an infant formula mixed with cereal, fruit juice or other foods without primary care provider's written instruction	2 / 2		2 / 2		2 / 2	
	ID2	Serve whole fruits, mashed or pureed, for infants 7 months up to 1 year of age	1 / 1		1 / 1		1 / 1	
	ID3	Serve no fruit juice to children younger than 12 months of age	1 / 1		1 / 1		1 / 1	
	NA1	Limit oils by choosing monounsaturated and polyunsaturated fats and avoiding trans fats, saturated fats and fried foods	2 / 2		2 / 2		2 / 2	
	NA2	Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats	3 / 3		3 / 3		3 / 3	
	NA3	Serve other milk equivalent products (yogurt, cottage cheese) using low-fat varieties for 2 years of age and older	3 / 3		3 / 3		3 / 3	
	NA4	Serve whole pasteurized milk to twelve to twenty-four month old children who are not on human milk or prescribed formula, or serve reduced fat (2%) pasteurized milk to those who are at risk for hypercholesterolemia or obesity	2 / 2		2 / 2		2 / 2	
	NA5	Serve skim or 1% pasteurized milk to children two years of age and older	+	4 / 2	+	4 / 2	+	4 / 2
	NB1	Serve whole grain breads, cereals, and pastas	3 / 3		3 / 3		3 / 3	

http://nrckids.org/files/ASHW.2017.Supplement_7.23.18.pdf

ACHIEVING A STATE OF HEALTHY WEIGHT: 2017 STATE PROFILES

POTENTIAL ACTIONS FOR PUBLIC HEALTH PRACTITIONERS

1. Study your state ECE licensing profile, determine where improvements can be made!
2. Connect with a representative in your state licensing office.
3. Identify, if possible, when your state licensing regulations will reopen for revision (varies drastically between states).
4. Offer to collaborate/serve as a subject matter expert during the regulatory revision process
5. Make recommendations based on CFOC's 47 High-Impact standards for obesity prevention

CDC RESOURCES FOR OBESITY PREVENTION IN ECE

CDC Centers for Disease Control and Prevention
CDC 2017. Saving Lives. Protecting People.™

SEARCH

CDC A-Z INDEX

Overweight & Obesity

Overview & Obesity

Strategies to Prevent & Manage Obesity

Community Efforts

Early Care and Education (ECE)

Send Bars to School

Healthy Food Service Guidelines

Healthy Food Environments

Healthy Hospitals

Healthcare

Adult Overweight and Obesity

Children

Data & Statistics

Surveillance Systems

Overweight & Obesity - Strategies to Prevent & Manage Obesity

Early Care and Education (ECE)

Download Toolkits (PDF 3.4 MB)

Why is This Setting Important?

More than 1 in 3 U.S. children ages 2 – 5 years are overweight or have obesity.
 Most young children spend time in care outside of their home, making the ECE setting one of the best places to reach young children with obesity prevention efforts.

- More than 60% of children 3-5 years old are in non-parental care or arrangement on a weekly basis.¹
- More than 11 million children under age 6 spend on average of 30 hours in non-parental care, with children of working mothers working almost 40 hours a week in such care.²

State ECE systems can provide standards that address nutrition, infant feeding, physical activity, and screen time. ECE facilities can implement practices and programs that support healthy eating and physical activity among young children. These requirements can directly affect what children eat and drink, how active they are, reduce their screen time, support more who breastfeed, and build a foundation for healthy living.

What is CDC's Role?

On This Page

- Why is This Setting Important?
- What is CDC's Role?
- Key Resources
- Stories from the Field

STATE OBESITY PREVENTION EFFORTS TARGETING THE EARLY CARE AND EDUCATION SETTING

Quick Start Action Guide (2.0)

April 2018

HELPING YOUNG CHILDREN THRIVE HEALTHY PRACTICES IN THE EARLY CARE AND EDUCATION (ECE) SETTINGS

CHILDREN UNDER 5 ARE AT RISK FOR THE WORLD'S MOST PREVENTABLE CHRONIC DISEASES

1-4

Early childhood is a critical time for establishing healthy habits that can last a lifetime.

Children spend a significant amount of time in early care and education (ECE) settings, which can be a key opportunity to promote healthy eating and physical activity.

It's easier to influence children's food and physical activity choices when they are young, before habits are formed.

WE WANT YOU TO!

- Implement evidence-based practices that support healthy eating and physical activity.
- Create a healthy environment that supports healthy eating and physical activity.
- Engage parents and the community in promoting healthy eating and physical activity.

60%

of U.S. children under age 5 are in non-parental care on a weekly basis.

The U.S. Centers for Disease Control and Prevention (CDC) is leading the effort to help ECE settings promote healthy eating and physical activity.

www.cdc.gov/obesity/strategies/childcareece.html

ADDITIONAL RESOURCES TO ASSIST WITH INTEGRATING OBESITY PREVENTION STANDARDS INTO LICENSING REGULATIONS

NRC Licensing Tool Kits:

1. Infant Feeding Practices
2. Use of Water and 100% Juice
3. Avoid or Limit Foods High in Sugar
4. Limit Screen Time in Child Care

<http://nrckids.org/HealthyWeight>



User Guide for the Licensing Toolkit Action Sheets

NRC Goals for Licensing Toolkits to Promote Healthy Infant Feeding Practices:

Public Health Law Center:

- State ECE licensing analysis
- Interactive map for state-specific information
- Links to ECE licensing language

<https://publichealthlawcenter.org/resources/healthy-child-care>

