

Executive Summary

Keeping Children Healthy in California's Child Care Environments

Recommendations to Improve Nutrition and Increase Physical Activity

CALIFORNIA DEPARTMENT OF EDUCATION
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
Sacramento, 2009





Publishing Information

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A Message from the State Superintendent of Public Instruction and the Secretary of the California Health and Human Services Agency

We are pleased to introduce *Keeping Children Healthy in California's Child Care Environments: Recommendations to Improve Nutrition and Increase Physical Activity*, and we want to extend our thanks to the Strategic Assessment of the Child Care Nutrition Environment Advisory Group, which guided the report's development.

California's children face a future limited by chronic disease and, for the first time in history, shorter life spans than their parents. Children's early years are critical in shaping their physical, emotional, and social well-being. One-third of California's low-income children enter school overweight or obese. Interventions to curb this epidemic must begin before children enter school and before they develop poor health habits that lead to overweight and obesity. Child care settings are ideal environments for promoting healthy eating habits and physical activity.

According to data from the 2007 California Health Interview Survey, 11.2 percent of children in California are overweight for their age, and 27.7 percent of teens and nearly 60 percent of adults are overweight or obese. These medical conditions translate into millions of dollars in health care costs in California, further burdening an overstretched health care system.

Reducing rates of overweight and obesity among all Californians is a priority for both of us, and for Governor Schwarzenegger. We recognize that efforts to change the nutrition and physical activity environments in California cannot be pursued effectively by only one agency or organization. To that end, we joined forces to convene the Strategic Assessment of the Child Care Nutrition Environment Advisory Group—a stakeholder group of child care experts—to develop policy recommendations to create healthier preschool, child care, and after school environments. We are pleased to share their recommendations in this report.

The report exemplifies the type of collaborative work necessary to achieve the Governor's "Vision for a Healthy California" and to close the achievement gap. Some of the report's recommendations will require additional funding or legislation to implement; others will not. All recommendations merit serious consideration and further discussion. To effect substantive change in California's child care settings, all Californians—policymakers, government representatives, parents, child care providers, and community members—must unite so that every child in the state will have the opportunity to live a long, healthy, and productive life.

Sincerely,

Handwritten signature of Jack O'Connell in black ink.

JACK O'CONNELL
State Superintendent of Public Instruction
California Department of Education

Handwritten signature of Kim Belshé in black ink.

KIM BELSHÉ
Secretary
California Health and Human Services Agency

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Acknowledgments

The California Department of Education (CDE) and the California Health and Human Services Agency (CHHS) wish to thank the Advisory Group members, as well as staff from the CDE Nutrition Services Division and the California Department of Public Health, for their dedication and commitment in making this report possible. We are also grateful for the vision and leadership of Phyllis Bramson-Paul of the CDE and the instrumental collaboration provided by Lisa Hershey of the CHHS. And finally, we offer special thanks to the Advisory Group facilitator, Jane Heinig, and her staff from the University of California, Davis, for their hard work and dedication in preparing this Executive Summary.

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Child care experiences influence millions of California's children every day. The early years of children's lives are critical in shaping their physical, emotional, and social well-being. During those years, children establish health habits that they take with them into adulthood. With increasing numbers of parents and caregivers in the workforce, more of California's youngest children spend time in child care settings, many in full-time care. Once they enter school, children often attend school-based child care programs or are cared for by others while their parents or caregivers are at work.

A generation ago, only about 5 percent of our nation's preschoolers were overweight. Today, overweight and obesity* among children of all ages is a national epidemic—nearly 25 percent of children between the ages of two and five are overweight or obese.¹ In California, almost 1.3 million children under 18 are obese.² Obese children are more likely to suffer from health problems typically found in adults, such as type 2 diabetes, high blood pressure, high cholesterol, and cardiovascular disease.^{3–6} These medical conditions translate into millions of dollars in health care costs in California, further burdening the state's already overstretched health care system.^{7–9}

Child care settings are ideal environments for promoting healthy eating habits and physical activity. Until recently, many actions aimed at improving children's health and fitness have focused largely on schools. However, 33 percent of California's low-income children enter school already overweight or obese. Therefore, interventions to curb this epidemic should begin before children enter school and before they develop poor health habits that lead to overweight and obesity.¹⁰

*In December of 2007, the American Academy of Pediatrics published new Body Mass Index (BMI) classifications for children. Children who are $\geq 95^{\text{th}}$ percentile for BMI for age are now classified as "obese" and children who are $\geq 85^{\text{th}}$ and $< 95^{\text{th}}$ percentile are now classified as "overweight"; see Barlow, S. E., and the Expert Committee, "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report," *Pediatrics* 2007; 120; S164–S192. At the time the data were reviewed for this report, these children were classified as "overweight" and "at risk for overweight," respectively. In order to minimize confusion, the new classifications will be used throughout this report even though the data sources may have used the old terminology.

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Reducing rates of overweight and obesity among Californians of all ages continues to be a priority for Governor Arnold Schwarzenegger and State Superintendent of Public Instruction Jack O'Connell. Both leaders recognize that efforts to change nutrition and physical activity environments in a state as large and diverse as California cannot be pursued effectively by only one agency or organization. Cooperative efforts are already underway to build on public and private partnerships to improve nutrition and increase physical activity in California's schools and communities. Now work is needed to expand these efforts to include child care settings.

Joining forces, Superintendent O'Connell and the Secretary of the California Health and Human Services Agency (CHHS), Kim Belshé, convened a stakeholder group of child care experts from state and local child care and development agencies and advocacy groups. Superintendent O'Connell and Secretary Belshé charged the Strategic Assessment of the Child Care Nutrition Environment Advisory Group (advisory group) with (1) conducting a strategic assessment of factors associated with poor nutrition, inactivity, and overweight among young children; and (2) providing recommendations on how best to improve nutrition and increase physical activity in child care settings. The following is a summary of the advisory group's findings.

Goals and Recommendations

The recommendations in this report are intended to be part of a multifaceted strategy initiated by Superintendent O'Connell and Secretary Belshé to reduce obesity and promote healthy lifestyles among California's children and youths. These recommendations are not intended to be independent of each other; rather, they are intended to be implemented together as a comprehensive, coordinated plan involving public and private partners at all stages.

California is one of the largest, most diverse states in the nation. Therefore, the following recommendations must be implemented in ways that are linguistically appropriate and sensitive to cultural differences. Furthermore, because all children are different, it is imperative that each child's unique needs and abilities be considered when the recommendations are implemented.

The success of the advisory group's chosen approach depends on the achievement of four interdependent goals:

- 1. Strengthen the Child and Adult Care Food Program (CACFP).**
- 2. Establish nutrition and physical activity requirements for child care programs.**
- 3. Provide consistent messaging related to nutrition and physical activity.**
- 4. Expand nutrition and physical activity training in child care programs.**

Goal 1

Strengthen the Child and Adult Care Food Program (CACFP)

Strengthen, expand, and revise the federal CACFP to align the program with current scientific evidence related to child nutrition and physical activity.

RECOMMENDATIONS

- A. Establish California nutrition and physical activity standards for an improved CACFP.** The California Department of Education (CDE) should convene an expert committee to review and improve the federal CACFP meal pattern with enhanced California nutrition and physical activity standards. This group should examine evidence to determine (1) how the current CACFP meal pattern impacts the nutritional status of children in child care settings and how the meal pattern could be improved; (2) the degree to which behavioral standards for caregivers (such as feeding styles) could be used to improve children's nutritional status; and (3) the potential benefits of physical activity standards.
- B. Modify the federal CACFP meal pattern.** The CDE should work with the U.S. Department of Agriculture (USDA) and Congress to modify the federal CACFP meal pattern in accordance with the California standards described in Recommendation A above.
- C. Streamline the CACFP compliance requirements to increase agency participation.** The CDE should work with state and community agencies to address their CACFP participation challenges by (1) advocating changes to federal compliance requirements; (2) continuing to modernize and streamline compliance reporting requirements; and (3) continuing to develop guidance for CACFP agencies to help them meet federal program requirements.
- D. Collaborate on a CACFP marketing plan.** The CDE, the California Department of Social Services' Community Care Licensing Division (CCLD), and the California Department of Public Health (CDPH) should collaborate to develop and implement a marketing plan that encourages child care providers to participate in the CACFP. The plan should emphasize the CACFP's benefits and the efforts underway to streamline federal paperwork requirements.
- E. Evaluate nutrition and physical activity education during CACFP monitoring visits.** The CDE should receive sufficient resources to expand monitoring-visit requirements so that child care providers can be evaluated on the quality of nutrition and physical activity education that they offer to children.
- F. Require CACFP participation for state-funded child care providers.** All eligible child care providers receiving state funds should be required to participate in the CACFP.

Goal 2

Establish nutrition and physical activity requirements for child care programs

Develop, implement, and align program standards and requirements to improve nutrition and increase physical activity in child care settings.

RECOMMENDATIONS

- A. Include nutrition and physical activity standards in the child care licensing requirements.** The CCLD should collaborate with the CDE and the CDPH to modify child care licensing requirements so that all licensed child care providers comply with the new California nutrition and physical activity standards recommended by the expert committee. (See Goal 1, Recommendation A.)
- B. Require nutrition-related training for initial child care licensure.** The CCLD and the California Emergency Medical Services Authority (EMSA) should collaborate with the CDE and the CDPH to develop and integrate evidence-based nutrition, physical activity, and wellness education into the preventive health training required for initial licensure of child care providers.
- C. Incorporate nutrition and physical activity into training required for maintaining child care licensure.** The CCLD and the EMSA should collaborate with the CDE and the CDPH to incorporate nutrition and physical activity education into the ongoing cardiopulmonary resuscitation (CPR) classes that are required for maintaining licensure.
- D. Align child-care-related nutrition and physical activity standards.** All relevant state and federal agencies should align their child-care-related nutrition and physical activity standards and requirements to ensure that they do not conflict.
- E. Report key nutrition and physical activity outcomes for child care.** All appropriate state and community agencies should work together to identify, track, and publicly report key nutrition and physical activity outcomes for child care settings. As part of this effort relevant state and community agencies should do the following:
 - i. Identify key outcomes to evaluate interventions for improving nutrition and increasing physical activity in child care settings.
 - ii. Identify or create statewide data-collection systems to track key nutrition and physical activity outcomes and complete periodic data analysis.
 - iii. Report statewide outcomes at least every three years, making reports and key findings available to the public through the Internet, print media, public service announcements, and other forms of communication.

Goal 3

Provide consistent messaging related to nutrition and physical activity

Collaborate on targeted social marketing and health education campaigns to provide consistent messaging to families, providers, children, and the general public about improving nutrition and increasing physical activity in child care settings.

RECOMMENDATIONS

- A. Collaborate on the development and delivery of consistent messaging.** All relevant state agencies—including the CHHS (the CDPH, the California Department of Health Care Services, the EMSA, and the CCLD), the CDE, First 5 California, the California Department of Food and Agriculture, and others as appropriate—should collaborate on social marketing and health education strategies to provide consistent messaging about nutrition and physical activity.
- B. Establish nutrition and physical activity foundations for preschool.** The CDE should incorporate nutrition and physical activity components into the health-related Preschool Learning Foundations.
- C. Include nutrition-related criteria in child care ratings.** As efforts to develop child care ratings in California move forward, the CDE should collaborate with appropriate state and community agencies to include nutrition, physical activity, and parent-involvement criteria in these ratings. Minimally, these criteria must be aligned with the California nutrition and physical activity standards. Further recommendations and “best practices” should be incorporated into criteria used for higher ratings.

Goal 4

Expand nutrition and physical activity training in child care programs

Create and expand effective, accessible training programs, ensuring that child care providers and families develop the skills and knowledge needed to foster optimal nutrition, physical activity, and wellness in children.

RECOMMENDATIONS

- A. Strengthen relevant community-college curricula by emphasizing the importance of nutrition and physical activity in child care programs.** The CDE should work with California community colleges to include relevant nutrition and physical activity information in all levels of child-care-related curricula. Students should have the opportunity to increase their skills, knowledge, and understanding of their role in helping each child meet his or her unique nutritional and physical activity needs.
- B. Incorporate nutrition and physical activity into continuing education for child care providers.** The CDE and the CHHS should collaborate with other appropriate entities—such as resource and referral agencies, local planning councils, and community agencies—to incorporate effective nutrition, physical activity, and wellness education into training programs offered to child care providers.
- C. Incorporate nutrition and related topics into parent and caregiver education.** The CDE and the CHHS should collaborate with agencies and groups serving families with young children to incorporate nutrition, physical activity, and wellness topics into educational opportunities for parents and other caregivers.

Call to Action

The crisis of overweight and obesity continues to affect millions of our nation's youngest children. California must take the lead in addressing this challenge. Until recently, obesity prevention efforts have been restricted to policies and programs aimed at school-age children, but growing evidence indicates that effective interventions are needed much earlier in children's lives. Child care providers have the potential to influence nutrition and physical activity habits among the majority of young children in California and to help educate children's families and other caregivers.

Implementing the recommendations presented in this report will create healthier child care environments in California. Improvements in the quality of nutrition and physical activity in California's child care settings are possible with the collaborative efforts of state agencies; however, preventing childhood overweight and obesity is not the sole responsibility of the state. To bring about meaningful change, all Californians must be involved. Parents, policymakers, child care providers, and community members must contribute to this effort to ensure that current and future generations of California's children have every opportunity to enjoy long, active, and healthy lives.

Notes

1. Ogden, C. L.; Carroll, M. D.; Curtin, L. R.; McDowell, M. A.; Tabak, C. J.; and Flegal, K. M. "Prevalence of Overweight and Obesity in the United States, 1999-2004." *JAMA* 2006; 295:1549-55.
2. Ibid.
3. Nathan, B. M., and A. Moran. "Metabolic Complications of Obesity in Childhood and Adolescence: More Than Just Diabetes." *Current Opinion in Endocrinology, Diabetes and Obesity* 2008; 15:21-29.
4. Ievers-Landis, C. E., and S. Redline. "Pediatric Sleep Apnea: Implications of the Epidemic of Childhood Overweight." *American Journal of Respiratory and Critical Care Medicine* 2007; 175:436-41.
5. Freedman, D. S.; Dietz, W. H.; Srinivasan, S. R.; and Berenson, G. S. "The Relation of Overweight to Cardiovascular Risk Factors Among Children and Adolescents: The Bogalusa Heart Study." *Pediatrics* 1999; 103:1175-82.
6. Kaufman, C.; Kelly, A. S.; Kaiser, D. R.; Steinberger, J.; and Dengel, D. R. "Aerobic-Exercise Training Improves Ventilatory Efficiency in Overweight Children." *Pediatric Exercise Science* 2007; 19:82-92.
7. Fontaine, K. R.; Redden, D. T.; Wang, C.; Westfall, A. O.; and Allison, D. B. "Years of Life Lost Due to Obesity." *JAMA* 2003; 289:187-93.
8. Friedman, N., and E. L. Fanning. "Overweight and Obesity: An Overview of Prevalence, Clinical Impact, and Economic Impact." *Disease Management* 2004; 7 Suppl 1:S1-6.
9. Lau, D. C. "Call for Action: Preventing and Managing the Expansive and Expensive Obesity Epidemic." *CMAJ* 1999; 160:503-506.
10. Skinner, J. D.; Carruth, B. R.; Wendy, B.; and Ziegler, P. J. "Children's Food Preferences: A Longitudinal Analysis." *Journal of the American Dietetic Association* 2002; 102:1638-47.

Appendix

Goals and Recommendations, by Target Audience

The responsibility for achieving the goals contained in this report varies by recommendation. To facilitate action, the advisory group's recommendations are organized into three categories to help identify the primary target audience for each objective. The categories and their associated target audiences are:

1. **State Policy**—targeting legislators, agency and department directors, and the Governor
2. **State Business Practices**—targeting agency and department directors
3. **Federal Policy**—targeting Congress and the United States Department of Agriculture (USDA)

Four Interdependent Goals

Goal 1: Strengthen the Child and Adult Care Food Program (CACFP).

Strengthen, expand, and revise the federal CACFP to align the program with current scientific evidence related to child nutrition and physical activity.

Goal 2: Establish nutrition and physical activity requirements for child care programs. Develop, implement, and align program standards and requirements to improve nutrition and increase physical activity in child care settings.

Goal 3: Provide consistent messaging related to nutrition and physical activity. Collaborate on targeted social marketing and health education campaigns to provide consistent messaging to families, providers, children, and the general public about improving nutrition and increasing physical activity in child care settings.

Goal 4: Expand nutrition and physical activity training in child care programs. Create and expand effective, accessible training programs, ensuring that child care providers and families develop the skills and knowledge needed to foster optimal nutrition, physical activity, and wellness in children.

State Policy

Goal 1, Recommendation A: Establish California nutrition and physical activity standards for an improved CACFP. The California Department of Education (CDE) should convene an expert committee to review and improve the federal CACFP meal pattern with enhanced California nutrition and physical activity standards. This group should examine evidence to determine (1) how the current CACFP meal pattern impacts the nutritional status of children in child care settings and how the meal pattern could be improved; (2) the degree to which behavioral standards for caregivers (such as feeding styles) could be used to improve children's nutritional status; and (3) the potential benefits of physical activity standards.

Goal 1, Recommendation E: Evaluate nutrition and physical activity education during CACFP monitoring visits. The CDE should receive sufficient resources to expand monitoring-visit requirements so that child care providers can be evaluated on the quality of nutrition and physical activity education that they offer to children.

Goal 1, Recommendation F: Require CACFP participation for state-funded child care providers. All eligible child care providers receiving state funds should be required to participate in the CACFP.

Goal 2, Recommendation A: Include nutrition and physical activity standards in the child care licensing requirements. The California Department of Social Services' Community Care Licensing Division (CCLD) should collaborate with the CDE and the California Department of Public Health (CDPH) to modify child care licensing requirements so that all licensed child care providers comply with the new California nutrition and physical activity standards recommended by the expert committee. (See Goal 1, Recommendation A above.)

Goal 2, Recommendation B: Require nutrition-related training for initial child care licensure. The CCLD and the California Emergency Medical Services Authority (EMSA) should collaborate with the CDE and the CDPH to develop and integrate evidence-based nutrition, physical activity, and wellness education into the preventive health training required for initial licensure of child care providers.

Goal 2, Recommendation C: Incorporate nutrition and physical activity into training required for maintaining child care licensure. The CCLD and the EMSA should collaborate with the CDE and the CDPH to incorporate nutrition and physical activity education into the ongoing cardiopulmonary resuscitation (CPR) classes that are required for maintaining licensure.

Goal 3, Recommendation C: Include nutrition-related criteria in child care ratings.

As efforts to develop child care ratings in California move forward, the CDE should collaborate with appropriate state and community agencies to include nutrition, physical activity, and parent-involvement criteria in these ratings. Minimally, these criteria must be aligned with the California nutrition and physical activity standards. Further recommendations and “best practices” should be incorporated into criteria used for higher ratings.

State Business Practices

Goal 1, Recommendation C: Streamline the CACFP compliance requirements to increase agency participation. The CDE should work with state and community agencies to address their CACFP participation challenges by (1) advocating changes to federal compliance requirements; (2) continuing to modernize and streamline compliance reporting requirements; and (3) continuing to develop guidance for CACFP agencies to help them meet current federal program requirements.

Goal 1, Recommendation D: Collaborate on a CACFP marketing plan. The CDE, the CCLD, and the CDPH should collaborate to develop and implement a marketing plan that encourages child care providers to participate in the CACFP. The plan should emphasize the CACFP’s benefits and the efforts underway to streamline federal paperwork requirements.

Goal 2, Recommendation D: Align child-care-related nutrition and physical activity standards. All relevant state and federal agencies should align their child-care-related nutrition and physical activity standards and requirements to ensure that they do not conflict.

Goal 2, Recommendation E: Report key nutrition and physical activity outcomes for child care. All appropriate state and community agencies should work together to identify, track, and publicly report key nutrition and physical activity outcomes for child care settings. As part of this effort relevant state and community agencies should do the following:

- i. Identify key outcomes to evaluate interventions for improving nutrition and increasing physical activity in child care settings.
- ii. Identify or create statewide data-collection systems to track key nutrition and physical activity outcomes and complete periodic data analysis.
- iii. Report statewide outcomes at least every three years, making reports and key findings available to the public through the Internet, print media, public service announcements, and other forms of communication.

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Goal 3, Recommendation A: Collaborate on the development and delivery of consistent messaging. All relevant state agencies—including the California Health and Human Services Agency (CHHS), the CDE, First 5 California, the California Department of Food and Agriculture, and others as appropriate—should collaborate on social marketing and health education strategies to provide consistent messaging about nutrition and physical activity.*

Goal 3, Recommendation B: Establish nutrition and physical activity foundations for preschool. The CDE should incorporate nutrition and physical activity components into the health-related Preschool Learning Foundations.

Goal 4, Recommendation A: Strengthen relevant community-college curricula by emphasizing the importance of nutrition and physical activity in child care programs. The CDE should work with California community colleges to include relevant nutrition and physical activity information in all levels of child-care-related curricula. Students should have the opportunity to increase their skills, knowledge, and understanding of their role in helping each child meet his or her unique nutritional and physical activity needs.

Goal 4, Recommendation B: Incorporate nutrition and physical activity into continuing education for child care providers. The CDE and the CHHS should collaborate with other appropriate entities—such as resource and referral agencies, local planning councils, and community agencies—to incorporate effective nutrition, physical activity, and wellness education into training programs offered to child care providers.

Goal 4, Recommendation C: Incorporate nutrition and related topics into parent and caregiver education. The CDE and the CHHS should collaborate with agencies and groups serving families with young children to incorporate nutrition, physical activity, and wellness topics into educational opportunities for parents and other caregivers.

Federal Policy

Goal 1, Recommendation B: Modify the federal CACFP meal pattern. The CDE should work with the USDA and Congress to modify the federal CACFP meal pattern in accordance with the California standards described in Goal 1, Recommendation A in the “State Policy” section of this appendix.

*The CHHS includes the CDPH, the California Department of Health Care Services, the EMSA, and the CCLD.

