

PROMOTING HEALTHY EATING AND PHYSICAL ACTIVITY IN EARLY LEARNING ENVIRONMENTS

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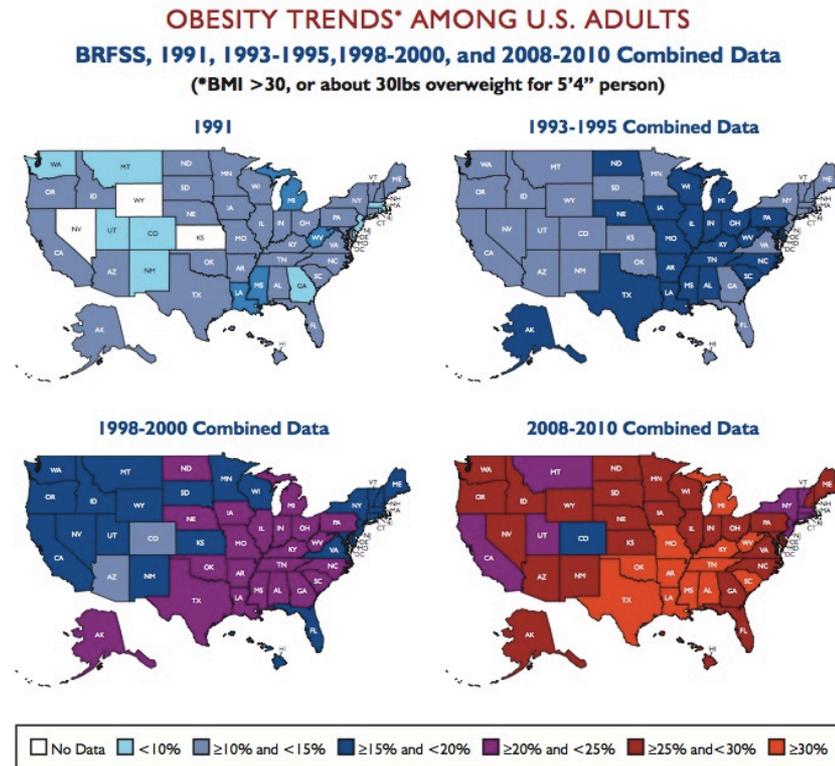
Why is it important for children to eat healthy and be active?

- Growth
- Development
- Learning
- Obesity prevention



Overweight and obesity rates in Washington state

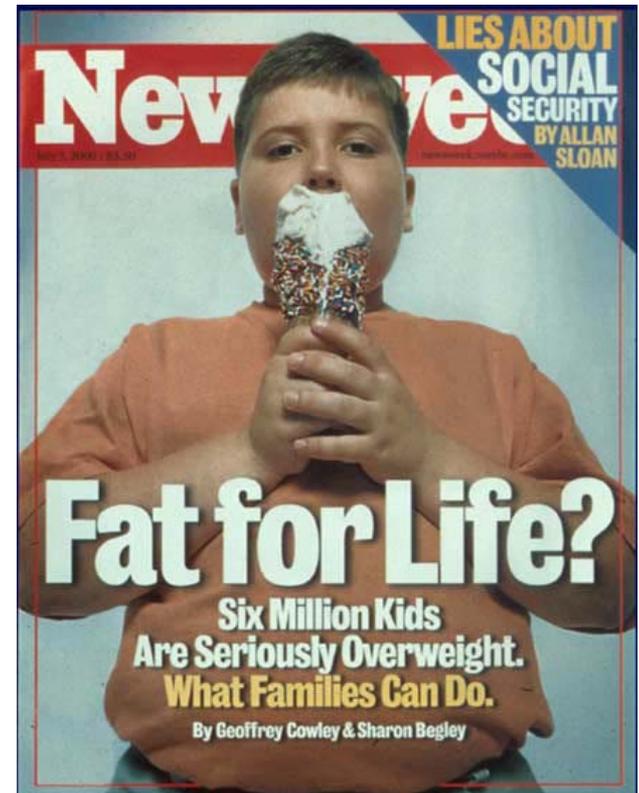
- 61% of adults are overweight
- 25.5% of adults are obese
- 33% of low income children aged 2-5 years are overweight
- 14% of low income children aged 2-5 years are obese



My Local Health Guide

National obesity rates

- Obesity rates among 6-11 year olds have quadrupled in the last 40 years
- Obesity rates among 2-5 year olds have quintupled over the last 40 years
- Obese children are twice as likely to become obese adults than non obese children.

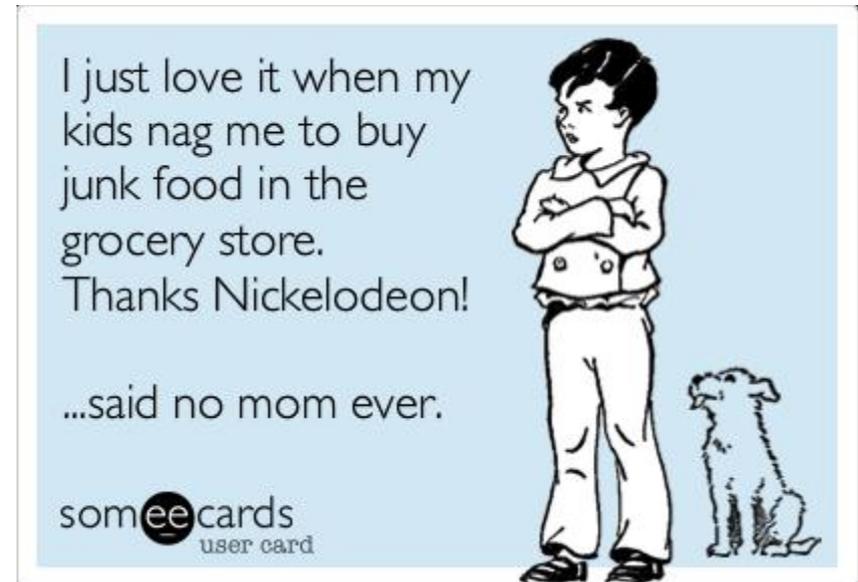


Consequences of Obesity

- Greater risk for Type 2 diabetes, heart disease, stroke, high blood pressure, certain cancers, asthma, low self esteem, depression
- Obese children are at greater academic risk than non-obese children
- \$147 billion in health care costs annually or 9% of all medical spending

Why is childhood obesity on the rise?

- ❑ Food Intake: limited access to healthy food; portion sizes; healthy food costs more
- ❑ Physical Activity: less activity; more sedentary behavior
- ❑ Screen time: increased time with media and impact of advertising for unhealthy foods



Why early learning programs matter for obesity prevention

- 60% of infants and children up to age 5 spend an average of 29 hours each week in some type of child care setting.
- Obesity prevention must start early in life
- Studies show that many young children in child care have little opportunity for sustained physical activity, spend too much time exposed to screen media, and are fed high calorie, low nutrient foods.

National best practice standards

- Caring For Our Children
- Let's Move Child Care
- Altarum Institute
- Nemours Health and Prevention Services



National best practice standards

- Food
- Beverages
- Infant feeding
- Physical activity
- Screen time



Food

- Follow CACFP and use menus reviewed by a registered dietitian
- Foods that are high fat, high sugar, and high sodium are served less than once per week, if at all
- Caregivers and children eat together and food is served family style
- Food is not used as a reward or punishment



Beverages

- ❑ Water is available throughout the day
- ❑ No sugar sweetened beverages are served
- ❑ Fruit juice is limited to a maximum of 4-6 ounces 2 times per week for children aged 1-5 years
- ❑ Only 1% or nonfat milk is served to children over 2 years of age



Infant feeding

- Programs have a written “Infant Feeding Policy” reviewed by a registered dietitian
- Infants are fed on cue and staff receive training on infant feeding cues
- Programs encourage, support and accommodate breastfeeding mothers and infants
- Age-appropriate solid foods are introduced to infants between 4-6 months of age.
- Infants are not fed juice.



Physical activity

- Children in full day care are provided outdoor play for 60-90 minutes per day
- Infants have outside time 2-3 times per day
- Toddlers are provided 60-90 minutes of vigorous play daily
- Preschoolers are provided 90-120 minutes of vigorous play daily



Physical activity, cont.

- Children in part time programs are allowed at least 20 minutes of vigorous activity per every 3 hours of care.
- Infants have supervised “tummy time” when they are awake
- Activity is never withheld from children as a form of punishment



Screen time

- ❑ No screen time for children under 2 years of age
- ❑ Children over 2 years of age should have no more than 30 minutes per week of total media time.
- ❑ Computer use is limited to no more than 15 minute increments except for school age children completing homework.



How do Washington State child care regulations/systems compare?

- Coalition for Safety and Health (CSHEL)
“Crosswalk” document from 2010: Washington State child care regulations do not match many of the best practice standards*
- Robert Wood Johnson Foundation Evaluation:
Washington State Family Home and Center regulations received ratings of “C” and “C+” on a scale of A-F

How do Washington State child care regulations/systems compare, cont.

- Early Achievers/QRIS: minimal inclusion of healthy eating, physical activity or screen time limits in the rating system.
- Professional Development: No current requirement for teaching staff to obtain any continuing education credit on health topics.

Opportunities to incorporate best practice standards

- Child Care Regulations
- Early Achievers/ QRIS
- Professional Development

What are other states doing?

- Arizona: voluntary certification program. Discount for licensing fees given for meeting 10 best practices.
- New York: revised child care licensing regulations; Statewide NAPSACC; QRIS includes obesity prevention measures
- Nevada: requires 2 of 15 annual continuing education credits to be on a health topic.

Thank you!

