Society of Behavioral Medicine Position Statement:

**Early Care and Education (ECE) Policies Can Impact Obesity Prevention among Preschool Aged Children**

[SEPTEMBER 2014] Joanna Buscemi, PhD, University of Illinois at Chicago; Katelyn Kanwischer, MS, Consortium to Lower Obesity in Chicago Children; Adam B. Becker, PhD, MPH, Northwestern University; Dianne S. Ward, EdD, University of North Carolina; and Marlian L. Fitzgibbon, PhD, University of Illinois at Chicago, on behalf of the Society of Behavioral Medicine Health Policy Committee**

The Society of Behavioral Medicine recommends that early care and education settings provide healthy foods in age-appropriate portions; increase physical activity during childcare hours to as close to 120 minutes per day as possible; decrease sedentary behavior to no more than 30 minutes at a time; and decrease entertainment screen time in childcare to less than 30 minutes weekly.

Introduction

In the US, approximately 76% of children ages 3-5 attend early care and education (ECE). ECE settings include preschools, childcare centers, day care homes/family homes, Head Start, and prekindergarten programs. Children of working parents spend nearly 40 hours per week in ECE. ECE settings typically provide one to two meals per day and snacks on average per day, and also provide opportunities to be physically active and reduce overall screen time. Given that nearly 23% of American children ages 2-5 years are overweight or obese, ECE settings represent an opportunity for reducing and preventing obesity among young children. Policies and regulations regarding nutrition, physical activity, and sedentary time in ECE can help to ensure that children stay healthy. However, many states’ current policies do not adequately address obesity prevention. Ensuring that ECE settings provide healthy food and regular, structured physical activity can help establish long-term healthy habits.

The Problems

Nutrition

Proper nutrition in early childhood can help to prevent obesity and promote healthy growth. ECE settings typically provide children with one to two meals per day and snacks. The Child and Adult Care Food Program (CACFP) is a federal nutrition assistance program that provides reimbursement to ECEs for purchasing nutritious foods. Both federally-funded and private facilities serving low-income families can participate in CACFP. ECE settings participating in CACFP are only reimbursed for food items that comply with CACFP nutrition guidelines. These guidelines require the provision of fruits and/or vegetables, grains/breads, and meats/meat alternatives in age-appropriate portion sizes. Additional requirements include the following: milk must be low fat, fruit or vegetable juice must be 100% juice with no added sugar, and bread must be made from whole grain or enriched meal or flour (http://www.fns.usda.gov/sites/default/files/Child_Meals.pdf) Children attending ECE settings that comply with CACFP consume more nutritious diets than those who do not.

Unfortunately, there are many ECE settings that do not participate in CACFP and are not required to follow CACFP guidelines. Additionally, monitoring of compliance with the guidelines varies significantly by state. Further, ECE settings participating in CACFP are allowed to provide foods that do not comply with guidelines as long as they are not seeking reimbursement for those foods. In 2012, the American Academy of Pediatrics (AAP), American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education collaborated to develop guidelines to address obesity prevention in childcare settings. In their report, they recommend that all ECE settings, regardless of funding source, provide preschool-aged children with foods and beverages that comply with CACFP standards.
Physical Activity
Physical activity is good for young children; it improves overall health and prevents obesity, in addition to promoting the development of motor skills. The National Association for Sport and Physical Education recommends that preschool children engage in at least 60 minutes of structured physical activity and 60 minutes of unstructured physical activity daily. Caring for Our Children (CFOC) recommends that 3-6 year olds be allowed 90-120 minutes of overall physical activity per 8-hour day. Activity levels of children attending ECE settings, however, are generally below these guidelines. Regulations for physical activity in ECE settings vary across states. On average, state ECE regulations only include one-third of the 17 physical activity standards recommended by CFOC. Larson and colleagues note that barriers to regular physical activity in ECE settings include inadequate outdoor play space, sedentary staff who do not promote physical activity, and withholding physical activity time as punishment.

Screen Time
The AAP discourages screen time (TV, computer, video games, cell phone, etc.) for children under 2 years. The AAP recommends that children older than 2 years limit their screen time to less than 2 hours per day. CFOC recommends that ECE settings limit screen time to 30 minutes per week during childcare hours. Among children aged 2-5, screen time can interfere with physical activity time, which may contribute to weight gain. Television viewing, in particular, can expose children to advertisements that promote unhealthy foods, and research shows that such ads influence children’s food preferences. Removing or limiting screen time may not in and of itself decrease sedentary behavior. Therefore, exposure to food marketing may be a more important rationale for limiting specific types of screen-based activity than the sedentary nature of screen time in childcare in general. The National Association for the Education of Young Children advises that quality technology and screen time can enhance learning and relationships, though they should not replace exploration, physical activity, creative play, or social interactions. Therefore, specific types of screen time may be more desirable than limiting all screen time in general. Similar to regulations for nutrition and physical activity, the amount of screen time provided by ECE settings is poorly monitored in most states.

Let’s Move! Child Care: Strategies for Change
ECE interventions to improve nutrition, physical activity, and limit screen time are a key component of Michelle Obama’s Let’s Move! obesity prevention initiative. Specifically, the Let’s Move! Child Care goals related to preschool children are to (1) serve fruits and vegetables at every meal, eat meals family style when possible, and avoid serving fried foods; (2) provide 1-2 hours of physical activity throughout the day; (3) limit screen time to no more than 30 minutes per week during childcare hours; and (4) provide water and avoid sugary drinks.

Spectrum of Opportunities
Let’s Move! Child Care includes worksheets and relevant resources for each step (http://www.healthykidshealthyfuture.org/home/collaborate.html). The spectrum can serve as a guide to help leaders implement obesity prevention efforts in ECE settings:

1. Assess partnerships: Change requires the support of multiple stakeholders. Most states have ongoing obesity prevention initiatives already in place, so it is important to identify existing and potential stakeholders. Stakeholders may include state and local health departments, childcare agencies, CACFP sponsoring organizations, ECE providers, and parents of children in care.
2. Assess efforts to date: Identify previous or current prevention efforts and assess them.
3. Create a state profile: Use the state profile worksheet to determine how your state is doing in terms of meeting the CFOC guidelines.
4. Determine feasibility of options: Identify the gaps in policies and programs, and decide which gaps should be addressed first based on resources, priorities in your state, and timing.
5. Develop an action plan: Plan for first and next steps including timelines for completion of each step.

Summary and Recommendations
Childhood obesity is a significant public health concern. Most children in the United States spend between 30-40 hours a week in childcare settings, most of which are regul-
lated to some degree by state governments in terms of nutrition, physical activity, and screen time. Most children do not meet recommended guidelines in any of these areas associated with obesity, and the degree to which states monitor compliance varies. Stronger state regulations based on CFOC recommendations and enforcement of these regulations may reduce rates of childhood obesity. Let’s Move! Child Care recommends a set of straightforward regulations addressing nutrition, physical activity, and screen time in ECE settings, and provides local and state leaders with a model and steps to implement obesity prevention initiatives. We recommend that policymakers refer to these steps to assess current state policies in ECE settings and to identify areas for improvement using the Spectrum of Opportunities for change (Figure 1).

Based on CFOC, CACFP, and Let’s Move! Child Care recommendations for nutrition, physical activity, and screen time, SBM recommends that policymakers consider the following regulations for ECE settings:

* Nutrition
  1. Provide healthy foods in age-appropriate portions during meals and snacks (see CACFP, CFOC, and Let’s Move! guidelines).
  2. Increase physical activity during childcare hours to help children obtain as close to 120 minutes per day as possible.
  3. Decrease sedentary behavior to no more than 30 minutes at a time.
  4. Decrease entertainment screen time in childcare to less than 30 minutes weekly.
    a. Eliminate children’s exposure to food and beverage marketing in childcare settings.
    b. Educate childcare providers about how unhealthy foods and beverages are marketed through screen time (television, computer, educational media with food and beverage industry sponsors).

We also recommend that local and state officials monitor adherence to these regulations using Let’s Move! Child Care or other more comprehensive assessment tools.24

*SBM also acknowledges the importance of diet- and exercise-related policies in ECE settings caring for infants and toddlers. We have focused the scope of this brief specifically on preschool-aged children given the variations of policy recommendations depending on developmental level.

**The authors wish to gratefully acknowledge the expert review provided by the Society of Behavioral Medicine’s Obesity and Eating Disorders Special Interest Group.

References


