



Healthy Kids, Healthy Future: Conference Proceedings

Promising Practices and Policies for Obesity Prevention and Health Promotion in Early Care and Education.


Nemours®

HEALTHY KIDS, HEALTHY FUTURE: CONFERENCE PROCEEDINGS

PROMISING PRACTICES AND POLICIES FOR OBESITY PREVENTION AND HEALTH PROMOTION IN EARLY CARE AND EDUCATION

Table of Contents

I. INTRODUCTION	1	IV. LESSONS FROM THE FIELD: PROMISING PRACTICES AND TOOLS AT THE FEDERAL, STATE AND LOCAL LEVELS	16
II. PURPOSE, DESCRIPTION, AND GOALS OF THE HEALTHY KIDS, HEALTHY FUTURE CONFERENCE	2	A. Setting the Stage	16
A. Purpose	2	B. Promising Practices and Tools at the State/Local Levels	16
B. Description and Goals	2	1. Wisconsin Department of Health and Human Services' Nutrition, Physical Activity, and Obesity Prevention Program – <i>Amy Meinen, PhD, RD</i>	16
III. LESSONS FROM THE FIELD: PROMISING POLICIES AND CURRENT POLICY OPPORTUNITIES AT THE FEDERAL, STATE AND LOCAL LEVELS	3	2. The National Resource Center for Health and Safety in Child Care and Early Education's Caring for Our Children – <i>Barbara Hamilton, MA</i>	16
A. Setting the Stage	3	3. Nemours Health and Prevention Services – <i>Debbie Chang, MPH</i>	17
B. Promising Policies	4	4. Delaware Early Childhood Council – <i>Ann Wick</i>	18
1. The Child and Adult Care Food Program – <i>Geri Henchy, MPH, RD</i>	4	C. Promising Practices and Tools at the Federal Level	18
2. New York City Board of Health Standards on Nutrition, Physical Activity and Television Viewing – <i>Lynn Silver, MD, MPH</i>	4	1. Thomas Vilsack, U.S. Secretary of Agriculture, <i>Works with Departments of Education and Health and Human Services to Support Healthy Development of Children</i>	18
3. California Food Policy Advocates Studies Demonstrate Room for Improvement of Nutritional Standards in Child Care – <i>Kumar Chandran, MS, MPH</i>	5	2. Kevin Concannon, Under Secretary for Food, Nutrition and Consumer Services at the USDA, <i>Support for Federal Programs</i>	19
4. The Child Care Bureau Cites Opportunities in Quality Rating and Professional Development – <i>Shannon Rudisill, MSW</i>	6	3. Michelle Obama, First Lady of the U.S., <i>Focuses on Ensuring Good Nutrition and Appropriate Physical Activity for All Children Living in the United States</i>	19
5. Delaware State Department of Education – <i>David Bowman, MPA, MPH</i>	7	V. BUILDING THE EVIDENCE BASE: CURRENT RESEARCH AND RESEARCH GAPS	20
C. Policy Opportunities	7	A. Setting the Stage	20
1. Most Frequently Cited Federal and State Policy Opportunities	12	B. Current Evidence-Based Research	20
a. Child Nutrition Act Reauthorization	12	1. Robert Wood Johnson Foundation/University of Minnesota: Healthy Eating Research – <i>Mary Story, PhD, RD</i>	20
b. Health Reform	12	2. Harvard Medical School: Evaluation of State Regulations on Healthy Eating and Physical Activity in Child Care Settings – <i>Sara Benjamin, PhD, MPH, RD</i>	20
c. Quality Rating and Improvement Systems	12	3. Nemours/Alfred I. duPont Hospital for Children: Common Risk Factors Exist Between Childhood Obesity and Dental Caries – <i>Aguida Atkinson, MD</i>	21
d. State Early Learning Advisory Councils	13	C. Research Gaps	22
2. Additional Policy Opportunities	13	VI. CONCLUSION: LOOKING TO THE FUTURE... NEXT STEPS IN CONTINUING TO SUPPORT OBESITY PREVENTION/HEALTH PROMOTION IN EARLY CARE AND EDUCATION SETTINGS	22
		A. Next Steps	22
		B. Conclusion	23



Your child. Our promise.

I. INTRODUCTION

Over 24% of children ages 2 to 5 are already overweight or obese (Ogden et al. 2008). Recent research demonstrates that children's weight at age 5 closely predicts their weight at age 9 (Gardner). It is crucial, therefore, that obesity prevention efforts include promoting healthy lifestyles in our early care and education system, where so many of our youngest children spend time.

In 2009, the first ever *Weight of the Nation Conference*, hosted by the Centers for Disease Control and Prevention (CDC), was held to highlight progress in the prevention and control of obesity through policy and environmental strategies framed around four intervention settings: community, medical care, school and workplace. In February 2010, the Surgeon General released her vision of how to reverse the rising obesity trends, including recommending that child care programs identify and implement approaches that reflect expert recommendations on physical activity, screen time limitations and good nutrition. Most recently, First Lady Michelle Obama launched *Let's Move!* to solve the epidemic of childhood obesity within a generation. Investing in children's health at the earliest ages has become a top priority for children's advocates at the federal, state and local levels.

Combating childhood obesity in early care and education settings is an untapped opportunity. Current national and state efforts focus mainly on improving wellness and preventing obesity in elementary and secondary schools, often overlooking the need for wellness policies in early care and education. Research, however, supports the need to provide healthy nutrition and physical activity environments for children at young ages (AAP). Identification, promotion and evaluation of policies and practices that foster healthy environments in early care and education must therefore become a high priority.

These Conference Proceedings will:

- Present the purpose and description of the Conference.
- Summarize panel presentations on promising policies, practices and tools at the federal, state and local levels.
- Report discussions from breakout sessions that followed panel presentations, including additional promising practices and tools identified by participants.
- Identify current policy opportunities to support obesity prevention/health promotion in early care and education.
- Review current research as well as research gaps in the field.
- Identify next steps in continuing to promote children's health in early care and education.

II. PURPOSE, DESCRIPTION, AND GOALS OF THE HEALTHY KIDS, HEALTHY FUTURE CONFERENCE

A. Purpose

Scattered efforts around the country aim to improve nutrition and increase physical activity in early care and education settings, but greater dissemination of these efforts is needed to encourage adoption. For example, Nemours, an integrated child health system, has taken a multi-sector approach to implementing policies and practice changes in all Delaware-licensed child care settings to provide healthier meals, reduce or eliminate sugar-sweetened beverages, include moderate to vigorous physical activity and limit screen time.

B. Description & Goals

Recognizing the need for a multi-disciplinary approach to child health promotion and obesity prevention, Nemours, in collaboration with the CDC, the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity and the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA), initiated and organized a conference to advance research, policy and practice in the areas of child care and obesity prevention. Other organizations involved in planning the conference included California Food Policy Advocates (CFPA), Food Research and Action Center (FRAC), Arkansas Department of Human Services, Harvard Medical School, New York University and the University of Minnesota. Together, this group convened nationally-recognized stakeholders and representatives from states to discuss issues and opportunities relevant to childhood obesity in early care and education.

This Conference was the first time leading experts in the fields of obesity prevention and early care and education came together. Engaging early care, nutrition and public health leaders in conversation helped to identify innovative strategies to improve wellness policies and practices in early care and education at the local, state and federal levels. Invitees represented a wide variety of disciplines from the non-profit sector as well as state and federal government. To focus the Conference on current promising practices, attendance was by invitation, extended to representatives of 20 state health and wellness programs and departments that demonstrate a vested interest in health promotion and early childhood obesity prevention. Fifty additional thought leaders with extensive knowledge in child health promotion, obesity prevention and early education were invited, as well as representatives of the Obama Administration from the Departments of Agriculture, Education, and Health and Human Services. On September 23-24, 2009, 120 leaders and advocates convened in Washington, D.C. to share promising policies, practices and research to collaborate on moving the field of early childhood health promotion forward. The goals of the Conference were to:

1. Identify promising practices and tools that address the current childhood obesity epidemic.
2. Identify current promising policies as well as policy opportunities at the state and federal levels to support obesity prevention/health promotion in child care.
3. Identify the current state of research in the field as well as research gaps.

Definitions

Policy: a principle or course of action chosen to guide decision-making.

Practice: a habit, custom or method of doing something.

Tool: an entity used to interface between two or more domains that facilitate more effective action of one domain upon the other.

Section Summary:

- Greater collaboration and information-sharing is needed to combat childhood obesity and support healthy eating and physical activity in early care and education.
- The Healthy Kids, Healthy Future Conference was the first venue in which experts and leaders in the two distinct fields of early care and education and obesity prevention collaborated.
- Identifying and sharing promising policies, practices and tools from around the nation is the first step in breaking down silos to improve the health of our nation's youngest children.

III. LESSONS FROM THE FIELD: PROMISING POLICIES AND CURRENT POLICY OPPORTUNITIES AT THE FEDERAL, STATE AND LOCAL LEVELS

A. Setting the Stage

Many Conference participants have been working to develop, implement and support children's health promotion and obesity prevention policies at the local, state and federal levels. This conference was the first national opportunity for stakeholders across disciplines to share success stories from the field about innovative nutrition and physical activity strategies, as well as limiting screen time, oral health and encouraging breastfeeding.

To capitalize on the expertise of Conference participants, breakout sessions followed each of the panels. These group discussions allowed participants to respond to comments made by panelists, share personal experiences related to panel topics and foster creative ideas for supporting health promotion in child care. The two workshop panels were:

1. Opportunities for State Action to Promote Wellness in Early Care and Education
2. Opportunities for State Action in Nutrition and Physical Activity

The PowerPoint presentations from the workshops can be found at www.healthykidshealthyfuture.com.



B. Promising Policies

Conference presenters focused on promising policies and included the following:

1. The Child and Adult Care Food Program (CACFP) – *Geri Henchy, MPH, RD*

Geri Henchy, Director of Nutrition Policy at the Food and Research Action Center (FRAC), reported on the current status of federal nutrition programs, including the Child and Adult Care Food Program (CACFP), which provides subsidies for meals in qualifying child and adult care settings. CACFP represents a key policy opportunity to improve the nutritional quality of meals and snacks in child care centers, family child care homes, Head Start programs, shelters and adult day care centers. This U.S. Department of Agriculture Program reimburses for food and meal preparation costs, ongoing training in the nutritional needs of children, and on-site technical assistance to meet the Program's nutritional requirements. CACFP supports centers serving children who are living at or below the poverty line. The Program is available to licensed or approved non-residential, public or private non-profit child care centers, Head Start centers, settlement houses and neighborhood centers. For-profit child care centers may participate if they meet certain criteria for serving low-income children.

Henchy discussed FRAC's Child Care Wellness Toolkit for Child and Adult Care Food Programs. This resource outlines innovative and effective CACFP practices and strategies for implementing good nutrition and physical activity policies and standards at the state, local and center levels. It is intended for use by advocates, CACFP and state child care licensing agency personnel, state and local health promotion and obesity prevention leaders, child care providers, policy makers and other key stakeholders.

2. New York City Board of Health Standards on Nutrition, Physical Activity (PA) and Television Viewing – *Lynn Silver, MD, MPH*

Lynn Silver, Assistant Commissioner for Chronic Disease Prevention and Control of the New York City Department of Health and Mental Hygiene, presented the standards in New York City's Board of Health regulations that support the well-being of children who participate in group child care. Regulations for nutrition, physical activity and television viewing include:

- Appropriate types of food and beverages;
- Appropriate portion sizes for children;
- Sodium and trans fat content;
- Nutrition and physical activity guidelines given to parents by child care centers;
- Establishment of minimum physical activity minutes per day as well as limits on time spent being sedentary; and
- Limiting of television viewing to no more than 60 minutes per day restricted to educational programs and programs to increase physical activity. No TV viewing for children less than 2 years of age.

These policies have been met with very little controversy in New York City and implementation has been relatively steady.

3. California Food Policy Advocates (CFPA) Studies Demonstrate Room for Improvement of Nutritional Standards in Child Care – *Kumar Chandran, MS, MPH*

Kumar Chandran, a Nutrition Policy Advocate with CFPA, reported on two California studies which found that while meals in CACFP programs have higher nutritional quality than non-CACFP environments, there is still room for improvement in meals and snacks served in all child care settings. CFPA also found that center-based child care programs served more nutritional meals than in-home child care programs, and Head Start programs served meals with the highest nutritional quality.

CFPA focuses on advocating for policies to improve and expand the federal nutrition programs for low-income people in California, ensuring that they not only have enough to eat but that those foods are healthy and nutritious. To advance this mission, in 2009, CFPA worked with the state legislature to draft legislation, California Assembly Bill 627, that would:

Establish evidence-based nutrition and screen time standards as a condition of child care licensure:

- Follow the CACFP meal pattern;
- Serve only low-fat or nonfat milk to children 2 years or older;
- Limit juice to one 4-6 oz serving of 100 percent juice per day;
- Serve at least one vegetable at lunch and supper;
- Eliminate deep fat frying;
- Limit sugar to 6 grams per serving for both hot and cold cereals;
- Ensure accessible water throughout the day, especially at meal times; and
- Limit screen time to one hour.

Increase nutritional standards for CACFP programs:

- Limit fried potatoes to once per week;
- Limit sweet grains to twice per week only at snack time;
- Require at least one whole grain daily;
- Limit processed meats to no more than three times per week;
- Prohibit artificially or sugar-sweetened beverages; and
- Prohibit fruit canned in syrup.

As amended, the bill would develop pilots to evaluate promising policies for improving nutrition and activity in CACFP. Strategies may include:

- Stronger nutrition standards, such as more whole grains, fresh produce, and lean proteins;
- More effective nutrition training and education; and
- Environmental changes, such as limiting unhealthy foods and encouraging activity.

AB 627 was passed by the State Legislature but vetoed by the Governor. As of this writing in 2010, the Legislature is considering a modified version of this bill to focus on healthy beverages in child care.

4. The Child Care Bureau (CCB) Cites Opportunities in Quality Rating and Professional Development – *Shannon Rudisill, MSW*

The goal of the Child Care Bureau (CCB) at the Administration for Children and Families is “happy, healthy, successful children.” It was with this goal in mind that Shannon Rudisill, Associate Director of the Child Care Bureau, noted that more than 12.3 million children, from birth to age 5, are in child care in the U.S. Of these children, 1.7 million receive subsidies during any given month from the CCB via the \$5 billion Child Care and Development Block Fund. Rudisill presented her perspective on the challenges and opportunities to foster healthy development in early care and education.

The many challenges in child care include chronic under funding, different types of child care settings resulting in varying resource needs (center, family care), a large workforce of 2.3 million child care providers, and a lack of infrastructure, including inadequate regulation, monitoring and professional development systems. Many states that do not set high standards for nutrition and physical activity in child care have other challenges as well.

Rudisill identified three major opportunities for addressing obesity prevention in child care: 1) increasing provider awareness; 2) giving providers the tools to implement new practices and policies; and 3) making systemic improvements that include program standards and support of professional education. One system opportunity is inclusion of healthy eating and physical activity considerations within the context of the state early childhood advisory councils. Quality rating and improvement systems, another opportunity for increasing standards, is outlined below.

Rudisill explained that child care licensing is regulated at the state level. Twenty-nine states require licensed child care providers to follow the CACFP meal patterns, regardless of their participation in CACFP. Two states (MI, WV) require the meal patterns in child care to be consistent with the U.S. Dietary Guidelines. Approximately 75 percent of states require daily outside time in licensed child care, but only three states (AK, DE, MA) specify the minimum amount of time outdoors.

State quality improvement systems are a major opportunity and thus have been a major focus for the Child Care Bureau. In 2007 states spent \$735 million on quality improvement rating systems for child care centers, to implement and assess adherence to early learning guidelines. All 50 states have early learning guidelines and of these, 45 states include physical development guidelines and 35 include health guidelines. As of September 2009, 10 states had statewide quality improvement rating and improvement systems (QRIS); 10 more states are in the pilot phase and many others are in the design phase.

The Bureau’s stance is that licensing requirements should consider quality ratings. The CCB has made an effort to incorporate healthy eating and physical activity training into child care licensing. For example, Rudisill noted that in Nebraska they have implemented cooking classes as a new professional development education feature. She also suggested that Head Start can serve as an opportune program to begin implementing quality rating and pertinent training for child care licensing, noting the successful programs “I am Moving, I am Learning” and “Little Voices for Healthy Choices,” used nationally by Head Start. In addition, there is the “Healthy Children, Healthy Families, Healthy Communities Initiative” and Head Start has a National Center for Physical Development and Outdoor Play. Incorporating nutrition, physical activity and screen time standards in each state quality rating and improvement system would be a positive change for children, particularly when coupled with the professional education and training providers need to implement higher standards.

The Obama Administration is making a significant investment in early education so policy opportunities are before us. Rudisill noted that the proposed Early Learning Challenge Fund, if enacted, would provide an opportunity to incorporate healthy eating, physical activity and screen time standards into state quality pathways grants, intended to increase the number of disadvantaged children aged 0-5 in high quality early learning programs.

5. Delaware State Department of Education – *David Bowman, MPA, MPH*

David Bowman, Director of Community Nutrition Programs, presented the efforts and perspective of the Department of Education (DOE) in Delaware. Like many of the other speakers, Bowman expressed his strong belief that collaboration is a key component of implementing change at the community level. The Delaware DOE worked with the Office of Child Care Licensing (OCCL), Nemours Health and Prevention Services, USDA, Altarum Institute and the Department of Education Early Childhood Section to develop appropriate updated nutrition guidelines and recommendations for CACFP providers.

As a result of the partnerships between the above-mentioned organizations, beginning January 1, 2010, the CACFP nutrition guidelines recommended by this group were incorporated into the USDA mandated administrative review process and OCCL review process. During administrative reviews, technical assistance visits and new sponsor application training visits, all menus and meals will be reviewed to ensure compliance with CACFP nutrition guidelines.

As it is an important step in implementing sustainable policy change, Bowman spoke about the challenges faced by providers as well as the Delaware Department of Education. Some of the challenges mentioned included: identifying the needs of caregivers, reaching all CACFP and non-CACFP providers, providing financial support for development and distribution of training modules and tool kits, and establishing fundamental ways in which the guidelines are relevant to the DOE mission.

Bowman also voiced the opportunities to address these challenges, including: creating a comprehensive toolkit that reaches beyond nutrition guidelines, continuing to collaborate to maintain momentum, measuring post-implementation impact and expanding nutrition guidelines to other child nutrition programs outside of CACFP.

C. Policy Opportunities

The Healthy Kids, Healthy Future Conference succeeded in identifying many promising policy opportunities at the federal, state and local levels. The path forward, however, is complex since the policy opportunities are found in many different federal and state agencies and programs. The fields of early education, child health promotion and obesity prevention operate in many different silos, yet at the Conference we were able to take advantage of the combined expertise and identify many policy opportunities to prevent obesity in young children.

POLICY OPPORTUNITIES

DESCRIPTION	FEDERAL	STATE	LOCAL
State Champions			
Family Center Associations			
Early Childhood Advisory Councils in each state (early childhood comprehensive systems council) address school readiness as an initiative to promote health/prevent childhood obesity			
Public-private partnership within state government			
Partnerships with non-traditional key players (fire marshals, police departments, etc.)			
Partnering with licensing agencies			
Reaching out to unlicensed/unregulated settings			
State ABCD coalitions			
Coalitions that have community input on strategy, base messaging			
Collaboration between Indian health services/Tribes and state departments to reduce childhood obesity			
Partnering with private sector			
Partnering with parents			
Compile input from consumer/community members/coalitions to push social marketing			
Parent-home education consultants			
Child Care health consultants			
Reduce ratio of infants to teachers in licensed child care facilities			
Bureau requirements for physical activity and nutrition			
Regional conferences			
Bring collection of day care centers together to buy local healthy food			
Fiscal mapping			
Guidance document for states regarding who should be at the table, funding, best practices			
Take advantage of Early Learning Challenge Funds (if established)			
Reallocation of funds to appropriate areas			
Improving CACFP standards/requirements/distribution			
QRIS: uniformity across states/build physical activity and nutrition into system/improve rating system			
New Caring for Our Children standards to push regulations			
Unified federal/state standards			
Increase availability of SNAP education funding, distribution and guidance for use			
Expand programs from a market standpoint			
Limited food marketing to children			

POLICY OPPORTUNITIES (CONTINUED)

DESCRIPTION	FEDERAL	STATE	LOCAL
Joint use agreements with schools for after hours			
Pinpointing ways to collaborate with policy makers to impact policy decisions effectively			
Campaigning			
Seek opportunities to involve pregnant mothers			
Web-based clearinghouse for research			
Evaluate current practices/processes and estimate evidence base			
Training for providers			
Easy-to-use toolkits supplemented with on-site coaching			
Licensing regulators also double as trainers in child care settings			
Child Nutrition Reauthorization: Increase funding to enhance nutrition environment and physical activity; address access and look at integrity rules			
Bring together new food packages in WIC and child care			
Partnership between Department of Education and Research/Team Nutrition grant at USDA			
Connect ESEA and obesity prevention in child care			
Simplify federal nutrition programs			
Reinforce physical activity and nutrition education with policy changes			
Early Childhood Comprehensive Systems (ECCS) Grants			
Provide child care centers with resources not just regulations			
Implementation of IOM expert committee recommendations for primary care			
Use IOM guidelines for CACFP food package			
National Physical Activity Plan should include child care centers			
Nutrition education as a condition of licensing			
Bill to use immunization records to track BMI			
Provide a single entry point for all CACFP and other federal programs			
Dedicated indoor space for gross motor play in all child care settings			
WIC/Head Start height/weight registry to reduce duplication of efforts			
List childhood obesity as a chronic illness			
Increase access to United States Department of Agriculture Programs: Summer Food Service Program, WIC, SNAP, Making Ends Meet, CACFP, School Breakfast Program, NSLP, Fresh Fruit & Veggies Program, 10 Steps			
FNS – maximizing the message – gear towards mothers of preschool/school-age children			

PROMISING PRACTICES

DESCRIPTION	FEDERAL	STATE	LOCAL	STATE
Network for a Healthy California represents a statewide movement of local, state and national partners collectively working toward improving the health status of low income Californians through increased fruit and vegetable consumption and daily physical activity				CA
Contra Costa Child Care Council, Child Health and Nutrition: Created framework to address obesity; includes best practice guides for early childhood councils				CA
National Resource Center for Health and Safety in Child Care and Early Education				CO
Early Care Task Force: worked with Medicaid Managed Care-recommended obesity assessments/guidelines				CO
Department of Education created Office of Early Childhood				DE
Nutrition and physical activity education in initial licensing training				DE
Creating a single integrated plan for early childhood				DE
Wellness policy for child care-state agency to reduce sugar/increase fruit and vegetables consumption, etc.				DC
Team Nutrition grant from USDA to help child care centers based on social marketing promotion				GA
State Head Start Collaboration Office				IL
Bringing <i>I Am Moving, I Am Learning</i> beyond Head Start: e.g.: training and having backpacks with books/pedometers etc. for children				MA
Healthy Kids, Healthy Michigan Program: to prevent childhood obesity in school and communities through policy change				MI
Michigan Head Start Program				MI
Nutrition and physical activity education in initial licensing training				MI
Early Childhood Investment Corporation-professional development to bring nutrition/physical activity information into general education opportunities				MI
Educate Parents Partnership				MN
Integrated data systems to support nutrition and physical activity in child care centers				NC
Association of State and Territorial Public Health Nutrition Directors Summary				PA
State Head Start Collaboration Office				SC
<i>Action for Healthy Kids</i> (opportunity in all states) – brings together stakeholders – when you join, you get seed money and opportunities for grants				TX
South Dakota Department of Social Services Division of Child Care Services Child Care Development Fund				SD
Quality rating and improvement system for child care				WI
Wisconsin Legislative Study Committee				WI
Wisconsin Nutrition, Physical Activity and Obesity Program				WI
Early childhood collaborative partners – all agencies that touch on children meet and disseminate information to take back to individual agencies				WI
Licensing and higher nutrition standards guidelines				Military

TOOLS

DESCRIPTION	FEDERAL	STATE	LOCAL	STATE
10 Steps to a Breastfeeding Friendly Childcare Center Resource Kit				WI
<i>Got Dirt? Garden Toolkit</i> (for starting school and childcare gardens)				WI
Social marketing campaign geared towards moms (CAchampionsforchange.net)				CA
CD: Clinical Guidelines for Children – CD for physicians on how to use healthy eating guidelines and talk to patients				CO
Roadmap to Healthy Eating and Active Living: pamphlet on building a comprehensive community approach				CO
Nemours Tools (DE)-Child Care Sector Summary; <i>5-2-1-Almost None</i> ; “Policy Matters: Educate New Secretaries re: Policies;” CD: “Planning Healthy Meals for Child Care;” Child Care Learning Collaborative Tool Kit; Healthy Habits for Life Curriculum for Early Learning Classrooms (Nemours and Sesame Workshop toolkit); Best Practices for Physical Activity Guide; Best Practices for Healthy Eating Guide				DE
FRAC-Best practices page on website (www.frac.org)				DC
Online resource center to support sharing of promising practices and tools as well as policy opportunities (www.healthykidshealthyfuture.org)				DC
<i>Mass in Motion</i> : program supporting physical activity (yoga, walking clubs, etc)				MA
Standardized health appraisal form including BMI				MA
Early Childhood Screening Tool				MN
<i>Color Me Healthy</i> : program developed to reach children ages 4 and 5 with fun, interactive learning opportunities on physical activity and healthy eating				NC
NAPSACC: Nutrition and Physical Activity Self-Assessment for Child Care				NC
<i>Eat Well, Play Hard</i> in Child Care Settings: developed to help prevent childhood obesity and reduce long-term risks for chronic disease through the promotion of targeted dietary practices and increased physical activity				NY
Child Care Health Consultants (registered nurses) are available in every county across the state to assist child care providers with general health and safety issues				OH
<i>Keystone Kids Go</i> Summary: an initiative focused on improving young children’s nutrition and physical activity. Targeted towards early childhood practitioners from childcare, Head Start, early intervention, family literacy, and pre-kindergarten programs. Includes resources, toolkits, T.A. etc.				PA
<i>Eat Smart Move More</i> : a statewide movement that promotes increased opportunities for healthy eating and physical activity wherever people live, learn, play and pray				SC
Building Healthy Families-Step By Step: a comprehensive program supporting materials to help families create healthy home food environments				TX
<i>Active Bodies Active Minds</i> : program supporting minimizing screen time and maximizing health				WA
<i>Choosy Kids</i> : promoting development of healthy preferences by young children				WV

1. Most Frequently Cited Federal and State Potential Policy Opportunities

- a. **Child Nutrition Act Reauthorization (CNR)** - This Act, which established the federal child nutrition programs including school breakfast, school lunch, Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and CACFP, was up for reauthorization in October 2009 when Congress passed a temporary extension. Congress is expected to vote to reauthorize the CNR in 2010. The reauthorization would provide an opportunity to improve nutrition, physical activity requirements and limits on screen time in child care.
 - i. Child and Adult Care Food Program (CACFP) – CACFP standards for nutrition can be improved and standards for physical activity and screen time can be addressed.
 - ii. Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) – SNAP guidelines are currently very cumbersome. In order to support sustainable healthy eating, guidelines and nutrition education implemented in child care would need to align with SNAP guidelines. If SNAP guidelines were to be simplified, then the changes in child care could be reinforced more easily in the home.
 - iii. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) – WIC is estimated to save the federal government \$3 in Medicaid spending per each \$1 allocated to WIC programs. Therefore, in this time of budget constraints, increased use of the WIC program should be viewed as a positive investment. To that end, increased funding for WIC was introduced on October 1, 2009. This program already serves nearly fifty percent of all newborns in the United States, but enrollment could be higher and benefits could come with improved nutrition education and support for mothers.
- b. **Health Reform** – The health reform law includes provisions to promote health and wellness and to combat obesity. The Prevention and Public Health Investment Fund and related provisions, in particular, present many opportunities to support obesity prevention in child care settings.
- c. **Quality Rating and Improvement Systems (QRIS)** – Many states have or are developing quality improvement ratings for their early care and education systems. However, few rating systems explicitly include nutrition, physical activity and screen time standards, as well as other child health promotion standards.



- d. **State Early Learning Advisory Councils (created under Head Start)** – The Improving Head Start for School Readiness Act of 2007 required governors to designate or establish a State Advisory Council on Early Childhood Education and Care to improve the quality, availability, and coordination of services for children from birth to school entry. This provides a unique opportunity for health and wellness advocates to have a voice in policy decisions for state early childhood licensing requirements.
2. **Other policy opportunities identified at the Healthy Kids, Healthy Future Conference have been classified into the following categories, at both the federal and the state/local levels:**

A. Planning and Leadership

At the federal level: The development of a National Physical Activity Plan should include recommendations for child care settings and children birth to age 5.

At the state/local level: Identification, development and nurturing of state and local champions is critical. Child care and family care professional associations offer great opportunities to engage and train child care leaders and providers. Early Learning Advisory Councils (ELAC) in each state could include champions of child health promotion/obesity prevention and could prioritize policies that promote healthy development, since it has been shown to impact school readiness.

B. Collaboration

At the federal level: In addition to many general recommendations to create more partnerships and collaborate across silos inherent in the structure of our federal agencies and programs, a specific policy recommendation called for collaboration between the Department of Health and Human Services, specifically the Administration for Children and Families (ACF) and the Department of Education.

At the state/local level: In addition to general recommendations for cross-sector collaboration, Healthy Kids, Healthy Future Conference participants strongly encouraged public-private partnerships across states and within states to address obesity prevention in child care settings, such as:

- Partnering with licensing agencies and other agencies responsible for early care and education;
- Partnering with parents/caregivers;
- Partnering with non-traditional players who share concerns about children’s healthy development (e.g., juvenile justice, fire marshals, police departments, etc.);
- Collaborating with Indian Health Services/Tribes and state health departments;
- Encouraging child care center cooperatives and/or sponsors to support bulk purchasing of local healthy food;
- Reaching out to child care providers in unlicensed and unregulated settings; and
- Creating state or local coalitions with representatives from various disciplines to inform the development of social marketing messages.

The coalitions could build on existing collaborative bodies addressing the needs of children, such as the state-level Assuring Better Child Health and Development Initiative coalitions (ABCD, funded by The Commonwealth Fund), Early Childhood Comprehensive Systems Grants (ECCS, funded by the Maternal and Child Health Bureau, HRSA, DHHS) and the state early learning councils.

C. Quality Improvement

At the federal level: The federal government should invest in innovation centers to continue improving healthy eating and physical activity standards as well as other child health promotion practices in child care settings.

At the state/local level: The state quality rating and improvement systems for early care and education, described in detail by Shannon Rudisill, are a frequently cited policy opportunity for addressing obesity since they could incorporate healthy eating, physical activity and screen time standards. Quality rating systems may also set standards for staff to child ratios in child care because adequate staffing is necessary before improvements in healthy eating and physical activity practices can occur.

D. Financing

At the federal level: Participants offered a variety of recommendations related to federal financing listed below.

- Increasing funding for federal nutrition programs that serve children from birth to age 5;
- Increasing funding for SNAP-Education;
- Providing flexible funding streams to support work that crosses traditional silos such as early education and health promotion. Flexible funding could be achieved through the use of innovative federal waivers;
- Clarifying that Medicaid and the Children's Health Insurance Program (CHIP) can reimburse for nutrition education and counseling;
- Encouraging use of SNAP education funding to promote healthy eating in child care centers; and
- Providing funding for dedicated indoor space for gross motor play in all child care settings.

At the state/local level: Using fiscal mapping as a tool to identify funding sources to support obesity prevention initiatives in early care and education. If enacted, the Early Learning Challenge Grants would offer an opportunity for financing at the state level.

E. Standards

At the federal level: Encourage consistent nutrition, physical activity and screen time standards and messages within and across federal programs. For example, the WIC food package could be more consistent with the CACFP meal pattern. The upcoming Child Nutrition Act reauthorization is an opportunity to improve nutrition, physical activity and screen time standards and to provide additional training and technical assistance. Other recommendations are to:

- Require USDA to implement the IOM recommendations for nutrition standards in CACFP within a reasonable time period (this study was launched in late 2009);
- Improve nutrition, physical activity and screen time standards and provide training and technical assistance resources in the upcoming reauthorization of the Elementary and Secondary Education Act (ESEA, previously No Child Left Behind);
- Increase the number of nutrition, physical activity and screen time standards in the voluntary standards used by the Child Care Bureau (e.g., Caring for Our Children); and
- Restrict food marketing to children.

At the state/local level: Improve standards for nutrition, physical activity and screen time as part of state child care licensing and require nutrition education for child care providers as part of state licensing.

F. Access/Eligibility

At the federal level: Provide a single point of entry to all federal nutrition programs to increase access for children. Increase funding for CACFP to enroll more child care providers. Simplify eligibility for federal nutrition programs and conduct marketing and outreach to maximize enrollment for those who are eligible. Fund farm to pre-school programs.

At the state/local level: Consider using food banks as a delivery system for child care settings.

G. Measurement/Evaluation/Research

At the federal level:

- Use WIC and/or Head Start height and weight registers to track BMI.
- Classify childhood obesity as a chronic illness.
- Seek opportunities to include pregnant women in research studies.
- Establish a web-based clearinghouse for early childhood obesity research.
- Evaluate the evidence base for current practices and policies in obesity prevention for children birth to 5.

At the state/local level: Expand state immunization registries to include tracking of body mass index (BMI).

H. Training/Technical Assistance/Professional Development

At the federal level: Develop consistent training materials for enrollees and for program administrators and other staff involved with implementing all federal nutrition programs.

Also, provide guidance documents for states on strategies to move the field forward (including who should be at the table to collaborate and what the promising policies, practices and tools are). Lastly, support regional conferences to move the field forward.

At the state/local level: Increase opportunities for provider training and technical assistance in child care centers; provide easy-to-use toolkits supplemented with on-site coaching and technical assistance; and develop the roles of parent-home education consultants and child care consultants.

Section Review

- There are currently a variety of separate efforts to implement policy change that supports obesity prevention/health promotion in early care and education settings.
- The need for more comprehensive policies regarding children's health and obesity prevention is a common concern among child health advocates.
- The opportunity for policy reform exists.
- Common Themes
 - More funding is necessary for current child nutrition programs and for technical assistance and training.
 - Improved regulations/standards across states and within programs is a policy "best bet."
 - Champions are critical to moving the field forward.
 - Common messages across agencies will help to center the effort.
- Continuing to support communication and collaboration among the field's innovators is paramount in addressing the obesity epidemic in early childhood.
- Federal/congressional/administrative support does exist. Taking advantage of this support is imperative.

IV. LESSONS FROM THE FIELD: PROMISING PRACTICES AND TOOLS AT THE FEDERAL, STATE AND LOCAL LEVELS

A. Setting the Stage

Development of policies is extremely important in the effort to promote children's health and fight childhood obesity; however, they will not become a reality without proven practices and tools that ensure successful implementation. Conference attendees shared resources and tools from their work at the local and state levels with the entire group. In addition, an exhibit room allowed other attendees to share their promising practices and tools.

B. Promising Practices and Tools at the State and Local Levels

1. Wisconsin Department of Health and Human Services' Nutrition, Physical Activity, and Obesity Prevention Program – *Amy Meinen, PhD, RD*

Amy Meinen, Nutrition Coordinator/State Fruit and Vegetable Coordinator for the Wisconsin (WI) Department of Health Services' CDC-funded Nutrition, Physical Activity, and Obesity Prevention Program discussed their efforts to improve children's health and prevent obesity through:

- Promotion and implementation of the state plan to address obesity with a focus to:
 - Increase breastfeeding (initiation, duration and exclusivity);
 - Increase consumption of fruits and vegetables;
 - Decrease consumption of energy dense “junk” foods (e.g. candy, chips, cookies);
 - Decrease consumption of sugar-sweetened beverages;
 - Increase physical activity; and
 - Decrease television/screen time.
- Technical assistance to institutions;
- Assistance with the design, implementation and evaluation of interventions to reduce and prevent obesity;
- Expansion and strengthening of in-state partnerships to fight childhood obesity and promote children's health; and
- Development and dissemination of resources to communities.

Wisconsin established the Wisconsin Partnership for Activity and Nutrition, whose mission is to improve the health of residents by decreasing the prevalence of overweight and obesity through improved nutrition and more physical activity. The more than 200 partnership members from over 120 organizations are divided into seven standing committees that meet quarterly to share best practices and tools and continue developing a statewide plan to address childhood obesity.

2. The National Resource Center for Health and Safety in Child Care and Early Education's *Caring for Our Children* – *Barbara Hamilton, MA*

The National Resource Center for Health and Safety in Child Care and Early Education is in the process of revising the second edition of *Caring for Our Children*, considered the “gold standard” for health and safety performance in early care. Barbara Hamilton, Assistant Director at the Resource Center, presented information on the new edition, noting that an expert group recommended wellness additions relating to nutrition and physical activity that included:

- The importance of breastfeeding;
- How to support vegetarian diets;
- Parents as role models;
- Appropriate portion sizes;
- Not using food as a reward;
- Promotion of infant movement skills;
- Development of structured activities;
- Annual training on age-appropriate games and activities; and
- Providing safe and appropriate play areas.

3. Nemours Health and Prevention Services – *Debbie Chang, MPH*

Nemours Health and Prevention Services (NHPS) has collaborated with a number of community and state leaders to support healthy development of Delaware’s children through policy and practice change in the places where children live, learn and play. Nemours developed and implemented the statewide *5-2-1-Almost None* program which prescribes an evidence-based “prescription for a healthy lifestyle,” (eating at least five servings of fruits and vegetables a day, limiting screen time to two or fewer hours a day; getting at least one hour of daily physical activity; and drinking almost no sugary beverages). In addition to advocating for policy change, Nemours also supports practice change through technical assistance and training. For example, Nemours conducts *5-2-1-Almost None* training and provides a backpack containing the tools needed to promote *5-2-1-Almost None* in child care centers and other organizations that serve children.

Nemours has set a high standard for quality of care in child care. Through collaboration with the Delaware Office of Child Care Licensing (DE OCCL), NHPS has supported:

1. Requirements that all licensed child care centers and family child care providers follow CACFP nutrition guidelines. To improve the quality of the food served in child care centers, Nemours partnered with CACFP in Delaware and developed written guidelines that support best nutrition practices, many of which are low cost or cost neutral.
2. Minimum physical activity standards
3. Limitations on screen time

The passage of the Delaware Stars for Early Success quality rating and improvement system, which references healthy eating and physical activity along with educational standards, supports implementation and sustainability of the state policy changes.

Nemours has placed great emphasis on not only implementing change in child care centers, but creating tools and providing support that enables and sustains the change. Some of the tools/technical assistance programs that Nemours has developed include:

1. **Best Practices for Healthy Eating: A Guide to Help Children Grow up Healthy/Planning Healthy Meals Tool Kit: A CACFP How-To-Guide:** Co-authored by Nemours and CACFP; provides best practices for healthy eating; recommendations for ways to implement new menus, food budgeting and the rationale for making changes.
2. **Child Care Collaborative DVDs:** Interactive instruction for center directors to teach child care providers how to implement healthy eating and physical activity best practices.
3. **Sesame Workshop Preschool Toolkit (3 to 5-year-olds):** Nemours partnered with Sesame Workshop to help providers implement practice change in healthy eating/physical activity.
4. **Creating Solutions to Provider and Director Concerns:** Nemours connected with statewide child care providers to learn about potential roadblocks or concerns they have already faced when implementing changes in their centers. Through collaboration with experts in the field, Nemours compiled common concerns and created a document with potential solutions that would help providers as they work on making changes.

4. Delaware Early Childhood Council – *Ann Wick*

In support of the overarching goal of Delaware’s Early Childhood Plan for Early Success – that all children enter life and school ready to succeed – the Delaware Early Childhood Council initiated the Delaware Stars for Early Success Quality Rating and Improvement System. Ann Wick, a member of the Delaware Stars management committee, shared with Conference participants an overview of the program.

The Delaware Stars for Early Success (QRIS) is an approach used to assess, improve and communicate the level of quality in early care and education and school-age settings. It establishes quality standards for programs and provides technical assistance and limited financial support to programs involved in Stars as they engage in quality improvement efforts.

Delaware Stars for Early Success is a five-level system, with “5” being the highest rating. The licensing rules issued by the Office of Child Care Licensing which include healthy eating and physical activity, serve as the standards for Star Level 1. With each higher Star Level, a program is required to meet increasingly higher quality standards in the following categories:

- Qualifications and Professional Development
- Learning Environment and Curriculum
- Family and Community Partnerships
- Management and Administration

Many other promising practices and tools identified at the Conference are contained in appendices and can also be found at www.healthykidshealthyfuture.com.

C. At the Federal Level

1. **Thomas Vilsack**, Secretary of Agriculture, Works with Departments of Education and Health and Human Services to Support Healthy Development of Children

From the outset, President Obama’s administration has expressed deep commitment to healthy child development. In recent months, there has been unprecedented collaboration across federal departments, especially the U.S. Departments of Agriculture (USDA), Education (DOE) and Health and Human Services (DHHS). USDA Secretary Thomas Vilsack served as the keynote speaker for the Conference. During his remarks,



he assured the attendees of not only his commitment to the healthy development of children, but also the commitment of the entire Obama Administration. USDA is continuously seeking new and innovative partnerships, such as the most recent collaboration with the National Football League to promote exercise and physical fitness (United States Department of Agriculture). In the same way the Conference forged partnerships among organizations that would not traditionally interact, the Obama Administration is committed to collaboration across federal departments.

2. **Kevin Concannon**, the Under Secretary for Food, Nutrition and Consumer Services at the USDA, Supports Federal Programs

Understanding their crucial role in supporting families with young children, the Food, Nutrition and Consumer Service of the USDA has committed to using every avenue to combat obesity: policy, programs and tools. Kevin Concannon, the Under Secretary for Food, Nutrition and Consumer Services, made the economic case for the cost-effectiveness of WIC programs, mentioning that for every \$1 spent on WIC, there are \$3 saved in Medicaid. Some states are underperforming on SNAP, he said, because of the cumbersome eligibility requirements, which may be state or federally imposed. In addition, USDA is committed to making SNAP benefits more readily available for use at local farmers' markets. This will benefit local business, increase access to high quality foods, and make more food options available to people receiving SNAP benefits. Concannon noted that children who are able to see where their food comes from have an increased desire to learn about that food and to try new foods. In his presentation, he cited a successful child care program in which the children learn about the process of growing food from a local farmer, grow food in class, and then take the food home to share with their families. These programs have positive impacts on the children, their families and the local growers.

3. **Michelle Obama**, First Lady of the United States, Focuses on Ensuring Good Nutrition and Appropriate Physical Activity for All Children Living in the United States

Since the beginning of her tenure as First Lady, Michelle Obama has spoken publicly about the childhood obesity epidemic and taken steps to ensure that nutrition and physical activity are part of her dialogue with Americans. Most of her public appearances involve children's well-being. She has appeared on Sesame Street to promote "Healthy Habits for Life" which Sesame Workshop originally developed in partnership with Nemours. She also took early action to make the White House a model in promoting fresh, local foods by establishing and maintaining the White House kitchen garden. The launch of *Let's Move!* further demonstrates her commitment to ending the childhood obesity epidemic within a generation. With the President and First Lady as role models, there is a real opportunity to change the way Americans think and act when it comes to food, nutrition, physical activity and health.

Section Overview:

- An extensive array of effective programs and tools has been developed by leaders and experts in the fields of child development and obesity prevention.
- The Healthy Kids, Healthy Future Conference was one of the first opportunities for experts and leaders to share and disseminate these promising practices and tools.
- Common Themes
 - More attention should be paid to family-based care.
 - Collaboration and coordination is critical at the local, state and federal levels.
 - Cross-fertilization between health and early education is paramount.
 - Parental involvement is vital.
 - The use of Medicaid's children's benefits should be explored.

V. BUILDING THE EVIDENCE BASE: CURRENT RESEARCH AND RESEARCH GAPS

A. Setting the Stage

Some of the most committed researchers in the country were at the Healthy Kids, Healthy Future Conference to discuss the evidence base for promoting healthy habits in early care and education, and to identify some of the research gaps in this field. As the policy agenda is moving forward, it is imperative that evidence-based and promising practices remain the cornerstone of policies to bolster child health promotion efforts in early care and education settings.

B. Current Evidence-Based Research

1. Robert Wood Johnson Foundation/University of Minnesota: Healthy Eating Research – *Mary Story, PhD, RD*

Healthy Eating Research, directed by Dr. Mary Story, is a national program of the Robert Wood Johnson Foundation (RWJF). The program supports research on environmental and policy strategies with strong potential to promote healthy eating and prevent childhood obesity, especially among low-income, and diverse racial and ethnic populations at highest risk for obesity. *Healthy Eating Research* has funded 14 new studies that will help build the evidence needed to prevent childhood obesity. The studies funded in the latest round focus on: food pricing and economic approaches, food and beverage marketing, improving access to healthy foods in low-income communities and evaluations of promising food-related policy and environmental strategies in settings where children and their families make food choices (e.g., in school, after-school, child care and preschool settings). Findings will advance RWJF's efforts to reverse the childhood obesity epidemic by 2015. Technical assistance and direction are provided by the University of Minnesota, which serves as the national program office.



2. Harvard Medical School: Evaluation of State Regulations on Healthy Eating and Physical Activity in Child Care Settings – *Sara Benjamin, PhD, MPH, RD*

Dr. Sara Benjamin, a research fellow who worked until recently in the Obesity Prevention Program in the Department of Population Medicine at Harvard Medical School, presented research on the impact of child care settings on obesity risk as well as her current work on health promotion in child care through state regulations. Research has shown that children aged 3 to 5 who are in child care for less than 15 hours per week have a decreased risk of obesity when they are 6 to 12 years of age, when compared to children who spent no time in child care. Another study found that infants cared for by a relative rather than in child care were more likely to eat solid foods too early and had a greater weight gain in the first 9 months (Kim et al. 2008). A study by Dr. Benjamin found that infants cared for in someone else's home had a higher BMI at age 3 than infants who were not in child care.

Dr. Benjamin's study of child care regulations concluded that in the majority of states, there is a great deal of room for improvement in regulations to better support children's health promotion and obesity prevention. Each state has its own regulations for child care facilities, as do Washington D.C., Puerto Rico, the Virgin Islands and the Department of Defense. Most states regulate two main types of settings: child care centers and family child care homes. Based on the "top 10 recommended healthy eating and physical activity regulations," developed by three expert groups Dr. Benjamin convened, she and colleagues evaluated each state's current regulations and provided consultation and technical assistance to states interested in improving their healthy eating and physical activity regulations.

Examples of Model State Child Care Physical Activity Regulations:

- Children are provided with 60 minutes of physical activity per day, a combination of both teacher-led and free play.
- Child care providers do not withhold active play time as punishment.
- Children are provided outdoor active play at least two times per day.

Examples of Model State Child Care Healthy Eating Regulations:

- Nutrition education is offered to child care providers at least one time per year.
- Child care providers do not use food as reward or punishment.
- Clean, sanitary drinking water is available for children to serve themselves throughout the day.

Results from an analysis of state-by-state physical activity regulations found that the majority of states can improve their child care regulations to be more consistent with those recommended by the expert groups. On average, child care centers only had 3.4 physical activity related regulations in place that are consistent with those recommended by experts. Family child care homes on average had only 2.7 corresponding regulations. No states had all 10 recommended regulations. Alaska, Delaware and Georgia fared the best, each having six regulations that matched those of the experts. Benjamin's research findings found similar results for state-by-state healthy eating regulations. The average number of healthy eating regulations that matched those recommended by the expert groups was 3.6 in child care centers and 2.9 in family child care homes. Again, no states' current regulations matched all 10 of the regulations recommended by the expert groups. According to the research findings, Nevada, with seven matching regulations, currently leads the nation in model state child care healthy eating regulations.

3. Nemours/Alfred I. duPont Hospital for Children: Common Risk Factors Exist Between Childhood Obesity and Dental Caries – *Aguida Atkinson, MD*

Dr. Aguida Atkinson, a pediatrician within the Nemours integrated children's health system, shared research demonstrating that childhood obesity and dental caries share common risk factors. She and fellow pediatricians recognize that current research does not support a causal relationship whereby obesity increases the risk of caries or caries increases the risk for obesity, but rather that common risk factors are present that increase the likelihood of both diseases. These risk factors include: socio-economic status (poverty, parental education level); ethnicity; nutrition habits (sugar intake, fruit and vegetable intake, no breakfast/dairy, fragmented meals/snacks, and meals away from home); and oral health habits.

C. Research Gaps

Leaders in children's health are constantly looking for ways to increase the knowledge base to move the field forward. Innovative research is one of the primary means of achieving this goal. Conference participants who did not have the opportunity to present to the group were able to share their opinions on research gaps that, if filled, would enable the field to move forward. Attendees identified the following topics:

- Evaluation of successful state programs and their implementation at the federal level in order to support broader policy change;
- Evaluations of child care and other regulations to encourage broader state adoption; and
- Creation and appropriate updating of a research agenda that shows how nutrition and academic achievement are connected.

Section Review:

- Research in child development and obesity prevention is taking place around the country.
- Opportunities for researchers to share findings would not only accelerate and enhance the efforts to address the obesity epidemic in early care and education, but would prevent duplication of efforts.
- Continuing efforts to identify research gaps and fund studies will enable researchers as well as educators, government officials, physicians and other children's health advocates to continue working to address the childhood obesity epidemic.

VI. CONCLUSION: LOOKING TO THE FUTURE... NEXT STEPS IN CONTINUING TO SUPPORT OBESITY PREVENTION/HEALTH PROMOTION IN EARLY CARE AND EDUCATION SETTINGS

A. Next Steps

The value of communication and collaboration among experts and leaders in the field cannot be overstated. As a result of extensive participation by Conference attendees, many left the meeting highly motivated to continue working together to support obesity prevention/health promotion in early care and education. As a next step, Debbie Chang of Nemours and Dr. Bill Dietz of the CDC have formed the Healthy Kids, Healthy Future Steering Committee to support continued collaboration among the field's leaders. The Committee has followed up on the many ideas generated at the conference to move the field forward; will continue sharing best practices and policies to encourage dissemination and adoption in the states; and will partner on other innovative strategies to prevent obesity in early care settings, including policy change and research. The first meeting was held December 16, 2009 in Washington, D.C.

Throughout the Conference, an online live blog (healthykidshealthyfuture.com) allowed those not able to attend to view the agenda, participant list and compendium, see live presentations, and comment on the discussions. Building on the success of this online resource and recognizing the need for information-sharing, Nemours has continued to use the web site as an online resource center, complete with updates from the field, opportunities to get involved, and a searchable database of policies, practices and tools.

B. Conclusion

The three goals of the conference – to identify promising practices and tools across the nation that are addressing the current childhood obesity epidemic; to identify current promising policies as well as policy opportunities at the state and federal levels that would support obesity prevention/health promotion in child care settings; and to identify research gaps in the field – were explicitly and successfully met at the Healthy Kids, Healthy Future Conference.

Because the conference was the first of its kind, those preparing for the meeting as well as those in attendance were unable to predict just how successful the conference would be. However, from the start, it became clear that this cross-sectoral meeting was extremely helpful in moving the field forward. Bringing together leaders and experts in the early care and education, nutrition, physical activity, oral health, and child health fields, who in the past have generally worked in silos, has propelled the field forward. Supporting collaboration of efforts, thereby breaking down these silos, allows for larger scale, more effective outcomes. These combined efforts, to improve nutrition and physical activity environments in early care and education settings, will help to create a lifetime of healthy habits for children in the United States.

Section Review:

- Next Steps:
 - Healthy Kids, Healthy Future Steering Committee
 - Online resource center: www.healthykidshealthyfuture.com
- The Healthy Kids, Healthy Future Conference was a success.
 - The three outlined goals were met.
 - Experts and leaders in the field were given an opportunity to share promising policies, practices and tools.
 - Conference attendees left feeling energized and motivated to continue working together to support obesity prevention/health promotion in early care and education settings.



GLOSSARY OF TERMS

Child and Adult Care Food Program – a U.S. Department of Agriculture (USDA) program to the states that provides a daily subsidized food service for an estimated 2.9 million children in child care.

Child Care – Refers to the care or supervision of a child that is not performed by the child’s parent or permanent guardian. While there are available rules and regulations in every state, child care can take place in virtually any setting.

Child Nutrition Act (CNA) – Enacted in 1966, this federal legislation established the school lunch program and has now expanded to include the School Breakfast Program, Child and Adult Care Food Program, Supplemental Nutrition Assistance Program and Women, Infants and Children Supplemental Nutrition Program as well as after-school snacks for out-of-school-time programs. It expired on September 30, 2009 and will likely be modified and reauthorized by Congress in 2010.

Early Learning Challenge Grants – A fund to incentivize states to establish systems for improving the quality of early learning settings for children ages birth to 5 and increase disadvantaged children’s access to high-quality early learning programs.

Early Care and Education – This is the most general and all-encompassing term referring to any form of formal or informal education aimed at children between birth and 5 years of age.

Head Start – Head Start is a program of the United States Department of Health and Human Services that provides comprehensive education, health, nutrition, and parent involvement services to low-income children and their families.

No Child Left Behind (NCLB) – Federal legislation, officially known as the **Early and Secondary Education Act**, that requires states to develop assessments in basic skills to be given to all students in certain grades in order to receive federal funding for schools. The Act does not assert a national achievement standard; standards are set by each individual state.

Office of Child Care Licensing – A common name for the state offices that provide regulation and support services for any entity wishing to become a licensed child care facility. Each state has their own office and set of criteria and requirements for licensing.

Physical Activity – Can include recess, physical education classes, organized sports, or any other moderately rigorous activity in which children participate. The U.S. Surgeon General suggests that children get at least one hour of moderately rigorous physical activity each day.

Policy – A principle or course of action chosen to guide decision-making.

Practice – A habit, custom or method of doing something.

Primary Prevention – Refers to any action that is taken to prevent disease or injury. Healthy eating and physical activity are both considered forms of primary prevention.

Supplemental Nutrition Assistance Program (SNAP) – A federal assistance program that provides assistance to low and no income individuals and families living in the U.S., formerly known as the food stamp program.

Tool – An entity used to interface between two or more domains that facilitates more effective action of one domain upon the other.

WIC – Special Supplemental Nutrition Program for Women, Infants and Children is a federal grant program for states to access supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.

Acknowledgements

PLANNING COMMITTEE

Sara Benjamin, MPH, PhD
Formerly: Harvard Department of Ambulatory Care and Prevention; Currently: Duke University

Debbie I. Chang, MPH
Nemours

Kumar Chandran, MPH, MS
California Food Policy Advocates

Anne De Biasi, MHA
Nemours

William Dietz, MD, MPH
Centers for Disease Control and Prevention, HHS

Beth Dixon, MD, MPH
New York University

Jonathan Finkelstein, MD, MPH
Harvard Department of Ambulatory Care and Prevention

Geraldine Henchy, MPH, RD
Food Research and Action Center

Barbara Polhamus, MD, MPH
Centers for Disease Control and Prevention, HHS

Tonya Russell
Arkansas Department of Human Services

Denise Sofka, MPH, RD
Maternal and Child Health Bureau, HRSA, HHS

Phyllis Stubbs-Winn, MD
Maternal and Child Health Bureau, HRSA, HHS

Joseph Thompson, MD, MPH
Arkansas Center for Health Improvement

Mary Story, PhD, RD
University of Minnesota Obesity Prevention Program

SUPPORT STAFF

Chloe Young-Hyman, MA
Nemours

The information presented in this paper reflects information as of September 2009 and generally does not provide recent developments in the field of obesity prevention and health promotion in early education and child care.



Nemours.org