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RECOMMENDATIONS ON CHILD CARE NUTRITION

CALIFORNIA WORKING FAMILIES POLICY SUMMIT
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Introduction

Almost 20 percent of four-year-olds is obese, with Hispanic, African-American, and Native American children suffering significantly higher rates.[1] Higher rates of obesity for children of color place them at risk of multiple obesity-related personal consequences, including several chronic diseases, poor social and developmental outcomes, and compromised academic performance. Nationally, obesity among preschoolers has more than doubled in the past 30 years,[2] and the epidemic shows little sign of slackening.

This accelerating obesity rate at such young ages is particularly worrisome because obesity is very difficult to reverse, either at adolescence or in adulthood. Obesity-related chronic diseases and impaired outcomes cost California $21 billion per year in the form of a rapidly escalating health care budget and decreased productivity.[3] To date, obesity prevention policy has largely focused on schools; it plainly needs to look farther upstream, to the preschool ages when children's dietary habits and preferences form and most effectively can be influenced.

There is another important reason why nutrition policymakers need to give attention to preschoolers: the severe economic downturn has worsened what was already a significant problem of hunger and food insecurity (another form of malnutrition) in California. About 35 percent of households with incomes under 200 percent of the poverty line have difficulty putting food on the table.[4] Nationally, almost one in four children faces food insecurity. Rising rates of food insecurity and poverty serve only to exacerbate the challenges many families face in cobbling together healthy diets. The meals served in child care settings may be a significant (or the only) source of nutrition some children receive.

Therefore, child care, where many children spend a significant portion of their day, provides exactly the right setting for effective nutrition policy. In California, almost 2 million children regularly spend time in child care facilities[5] and can consume a significant portion of their daily intake in these settings. Not only is child care widely used throughout the state, but because of federal and state funding and regulation, child care is an appropriate venue for nutrition policy intervention.

In August 2007, the California Department of Education (CDE) and the California Health and Human Services Agency jointly convened a California Child Care Strategic Assessment

Advisory Group comprised of stakeholders from the child care community in California "to identify key priority recommendations aimed at reducing the incidence of childhood overweight among California's young children in child care programs." This group devised numerous recommendations, including incorporating nutrition standards into child care licensing. The recommendations of this group, which are the basis for the following policy objective, are available at http://www.cde.ca.gov/ls/nu/cc/ccsa.asp.

Policy Objective #1
Improve the nutritional quality of beverages served in licensed child care settings.

Background
Currently, California statute does not include nutrition standards for foods and beverages served in child care. A growing body of research finds that sugar-sweetened beverages are a significant contributor to the growing obesity epidemic[6] and recent research conducted in California found that the beverages served in child care settings could be improved.[7] A few relevant findings from this research, based on a survey sent to licensed child care centers and homes found that:

- 30 percent of the sites reported that water was *not* easily available inside for children to serve themselves.
- Only 28 percent always provided water with meals and snacks.
- 10 percent of sites reported that they *usually* served flavored or sweetened milk or other sugar-sweetened beverages, with certain types of child care sites as high as 20 percent.
- Whole milk (unnecessary for children over two, for whom 1% or non-fat milk is recommended) was *usually* served at over 20 percent of all sites, with rates as high as 40 percent in family day care homes.

Recommended Action
The California State Legislature should require all licensed child care facilities to adopt the following nutrition standards for beverages:

A. Serve only 1% fat or nonfat milk to children 2 years or older.
B. Limit juice to a maximum of one serving of 100% juice per day.
C. Serve no beverages with added sweeteners, natural or artificial.
D. Make clean and safe drinking water readily available and accessible for consumption throughout the day, particularly during meals and snacks.

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1 Anderson SE, Whitaker RC. "Prevalence of Obesity Among US Preschool Children in Different Racial and Ethnic Groups". *Archives of Pediatric and Adolescent Medicine*. 2009; 163(4): 344-348.
2 "Overweight and Obesity for Professionals': Childhood: Trends." Centers for Disease Control and Prevention. http://www.cdc.gov/obesity/childhood/prevalence.html
3 "The Economic Costs of Overweight, Obesity, and Physical Inactivity among California Adults – 2006." California Center for Public Health Advocacy. http://www.publichealthadvocacy.org/PDFs/Costofobesity_BRIEF.pdf
4 Data from the California Health Interview Survey, available at: http://askchis.com/main/default.asp.
5 Ibid.
6 Babey SH et al. "Bubbling Over: Soda Consumption and Its Link to Obesity in California." UCLA Center for Health Policy Research. http://www.healthpolicy.ucla.edu/pubs/files/Soda%20PB%20FINAL%203-23-09.pdf.
7 Research results available at http://www.cfpa.net/cacfp/cacfp.htm#Research%20&%20Reports.