CACFP As Obesity Prevention For Young Children: State Level Strategies

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Today’s Session

• Obesity Prevention in Early Care and Education Settings
• CDC Spectrum of Opportunities
  • CACFP as a spectrum option
• Virginia CACFP Summit
• Maryland CACFP Work
• Q&A
Obesity Prevention in Early Care and Education
Childhood Obesity

• COMMON:
  • 1 in 4 children age 2-5 years (overweight/obesity)

• SERIOUS
  • Health consequences
  • Tracks into adulthood

• COSTLY
  • $147 billion (direct medical costs, 2008)

However, there is promising news...

COMPLICATIONS OF CHILDHOOD OBESITY

Psychosocial
- Poor self-esteem
- Depression
- Eating disorders

Neurological
- Pseudotumor cerebri

Cardiovascular
- Dyslipidaemia
- Hypertension
- Coagulopathy
- Chronic inflammation
- Endothelial dysfunction

Endocrine
- Type 2 diabetes
- Precocious puberty
- Polycystic ovary syndrome (girls)
- Hypogonadism (boys)

Gastrointestinal
- Gallstones
- Steatohepatitis

Renal
- Glomerulosclerosis

Musculoskeletal
- Slipped capital femoral epiphysis
- Blunt’s disease
- Forearm fracture
- Flattened foot

Pulmonary
- Sleep apnoea
- Asthma
- Exercise intolerance
Changes in obesity prevalence* among 2-4 year old WIC participants United States, District of Columbia, and US Territories

2000-2004 (54 state WIC agencies)
- 38 states increased, 15 states no change, 1 states decreased
- 2 states not applicable

2004-2010 (54 state WIC agencies)
- 17 states increased, 17 states no change, 20 states decreased
- 2 states not applicable

2010-2014 (56 state WIC agencies)
- 4 states increased, 18 states no change, 34 states decreased
- 0 states not applicable

*Statistically significant

Source: Trends in Obesity Among Participants Aged 2-4 Years in the Special Supplemental Nutrition Program for Women, Infants and Children– United States 2000-2014

Data can be found: https://www.cdc.gov/mmwr/volumes/65/wr/mm6545a2.htm?s_cid=mm6545a2_w
The good news is...

- Many states and territories are showing declines in the rates of childhood obesity.
- However, it is still too high.

Source: Trends in Obesity Among Participants Aged 2-4 Years in the Special Supplemental Nutrition Program for Women, Infants and Children–United States 2000-2014
Data can be found: https://www.cdc.gov/mmwr/volumes/65/wr/mm6545a2.htm?s_cid=mm6545a2_w

Note: States and territories with decreases from 2004-2010 are indicated with “—”
Nemours

• Internationally recognized children’s health system
• Offers pediatric clinical care, research, education, advocacy and prevention programs
• Nemours aims to:
  • Treat the whole child with families at the center of their care
  • Research causes and cures
  • Advocate and educate for prevention and kids’ health
  • Give every child the best chance of growing up healthy

“Your child. Our promise.”
CDC/Nemours

• 5 Year (2012 – 2017) Cooperative Agreement
  • The National Early Care & Education Learning Collaboratives (ECELC) Project

• Launch and incorporate *learning collaboratives* in participating states/localities, with overall goals to:
  • Strengthen state partnerships
  • Increase the number of ECE programs that meet that *Caring for Our Children Obesity Prevention* standards
The Model – Two Simultaneous and Synergistic Approaches

• Practice change to support ECE providers to meet best practices in Healthy Eating, Physical Activity, Screen Time and Breastfeeding (as defined by Caring for our Children and LMCC)
  • State/local partners are provided materials, guidance, technical assistance, peer support and evaluation

• Systems change/integration to weave best practices into state and local ECE infrastructure
Systems Change/Integration

• Use CDC’s Spectrum of Opportunities to help each state/local partner identify ways to integrate content into existing state ECE and child health systems (i.e. professional development, licensing, CACFP, QRIS).
Spectrum of Opportunities
CDC’s Spectrum of Opportunity


- Funding & Finance
- Pre-service & Professional Development
- Facility-level Interventions
- Technical Assistance
- Access to Healthy Environments
- Early Learning Standards
- Family Engagement
- Emerging Opportunities

Improved Nutrition, Breastfeeding, Physical Activity and Screen Time Policies, Practices, Environments

31st Annual National CACFP Conference
San Diego, CA · April 18-20, 2017
CACFP as a “Feather” on the Spectrum of Opportunities

• More than 30 states require ECE facilities to meet CACFP standards regardless of participation in the CACFP program

• CACFP has demonstrated a positive impact:
  • Children eating through the CACFP program have been shown to eat more nutritious food than those not participating in the program
Using CACFP to promote healthy eating and decrease obesity in ECE

• States can use CACFP to help promote healthy eating and decrease obesity in young children in ECE by:
  • Providing CACFP training and technical assistance focused on nutrition, breastfeeding, physical activity, and screen time education for children, teachers, and parents;
  • Enhancing state CACFP standards to align with other national nutrition guidelines such as the U.S. Dietary Guidelines for Americans; and
  • Working to increase CACFP participation among eligible facilities.
Virginia Early Childhood Foundation
Virginia Early Childhood Foundation

Every Virginia child is prepared for school, laying the foundation for workforce and life success.

- Smart Beginnings local coalitions
- Virginia’s QRIS
- School Readiness Committee
- Project Pathfinders
- Nemours partner Childhood Obesity Prevention
VECF & Nemours’ ECE Learning Collaboratives

- Virginia Partners
  - VECF
  - Child Care Aware of Virginia
  - Virginia Department of Health
  - Virginia Department of Social Services
  - Virginia Foundation for Healthy Youth
  - Infant and Toddler Specialist Network
- Training and TA to prevent obesity
- Connected to ECE/Health systems local & state
CACFP Summit: Partners with Converging Interests

• Food Research and Action Committee
  • Eliminate childhood hunger, federal nutrition programs

• Nemours
  • Obesity prevention in early care, support of CACFP

• VECF
  • Bring together child health and quality care systems to support healthy, high quality ECE settings
CACFP Summit: Partners with Converging Interests

• First Lady Dorothy McAuliffe’s platform: *Bridging the Nutritional Divide*, No Kid Hungry Virginia campaign
  • Eliminate childhood hunger in Virginia

• Virginia Department of Health CACFP
  • Cross sector support for child nutrition programs

• Virginia Department Social Services, Early Childhood
  • Quality ECE care, execution of Child Care & Development Fund

• Child Care Aware of Virginia
  • Child Resource, PD provider
What did we hope the Summit could accomplish?

• Raise profile of CACFP w/in early care field
  • Nutrition
  • Inspections
  • Stability & financial boost
  • Quality care support

• Cultivate cross-sector collaboration around CACFP in ECE

• Determine VA CACFP ECE utilization rates

• Open CACFP eligibility to Religious Exempt ECE programs

• Begin conversation among stakeholders
Nuts & Bolts

• “Converging Interest” Partners = Planning Group
• Determined “what kind of Summit” and Invitee list
  • Policy-makers
  • State Agency Program Heads
  • Child Nutrition stakeholders
  • Quality Early Care stakeholders
Agenda to Change Hearts and Minds

1. First Lady
2. Deputy Commissioner: Impact of Childhood Hunger
3. FRAC’s Geri Henchy: CACFP as a Resource
4. Panel: CACFP in VA
   • CACFP Program Administrator
   • Sponsor Organization CEO
   • ECE Director
5. Facilitated discussion: How can we work together to maximize assets of CACFP across sectors – to benefit Virginia’s young children?
Helpful Summit Supports

- Pre-invite email
- Planning team
- Virginia Child Care Provider CACFP Survey
- Virginia CACFP Participation Trends brief
- CACFP Data Map brief
Using Data to Inform Strategies for CACFP Outreach: Nutritious meals & snacks for VA children

June 2016

The Virginia Department of Health administers the federal Child and Adult Care Food Program (CACFP), which oversees more than 1,700 programs offering nutritious meals and snacks to low-income children. There is broad participation in CACFP across the state, with a greater concentration of programs in the more populous areas.

Legend
- Early Childhood Centers
- School Age Centers
- Child Care Homes, Tier 1
- Child Care Homes, Tier 2

CACFP Throughout Virginia

County poverty for children under age 5 is deeper as the red shading becomes darker.

Targeting Family Child Care Homes, Particularly in Rural Communities

Mapping the data enables policymakers and practitioners to better identify gaps in service delivery. Particularly in rural areas (where poverty may be greater than the state average and the economics of operating a child care center may be a greater challenge), more outreach among licensed homes may offer an opportunity to ensure that low-income children in rural communities have access to nutritious meals and snacks.

Family Child Care Homes Participating in CACFP at Tier 1 and Tier 2 Levels

Licensed and Voluntarily Registered Homes that could be targeted for outreach to participate in CACFP

Virginia law requires child care home providers to obtain a license when they care for 6 unrelated children (which will decline to 5 unrelated children in July 2017). This may be an opportunity to expand licensing and CACFP participation during the next year.

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Virginia CACFP Summit Outcomes

• Follow-up workgroups: Barriers, Recommendations for Cross-sector partnering, Nutrition Training
• Religious Exempt ECE eligibility
• Interagency-agency CACFP agreements
• Updated CACFP communications package
• Summer 2017: CACFP-ECE enrollment data portrait
A few more thoughts...

• Systems change slowly
• Partnerships’ perspective important
• National voices ~ helpful
• Interested in supporting ECE CACFP enrollment still...
Child Care Aware® of Missouri & Eat Smart MOve Smart
The Missouri Eat Smart Guidelines were developed to encourage child care providers to take steps to improve the nutritional quality of meals and the nutrition environment.
Missouri Eat Smart

• Nutrition related recommendations for child care facilities
• Helps create food and nutrition environment to improve health of Missouri’s children
• Voluntary certification program
• Center recognition as a Missouri Eat Smart Child Care
Missouri Eat Smart: Levels of Recognition

Advanced Level

Intermediate Level

Minimum Level

Recommendations made for:
- Breakfast
- Snacks
- Lunch/Supper
- Overall Meal Pattern
- Nutrition Environment

Healthfulness
Missouri Eat Smart

• Limit foods high in sugar and high-fat snacks
• Limit highly processed foods
• Increase whole grain food items
• Increase the amount and the quality of fruits and vegetables
• Increase the amount of foods high in protein
• Restrict artificial sweeteners
• Skim or 1% milk (CACFP requirement)
• Menu is at least a 3-week cycle with good variety
### Core Requirements
**Must Meet Standards 1-3**

1. **Amount of Physical Activity**
   - At least 90 minutes of physical activity each day.
   - Per licensing rules, at least 60 of these minutes should be obtained outdoors unless prohibited by weather or special needs. The physical activity should consist of:
     - **Structured Activity**: At least 30 minutes of teacher-led activity each day.
     - **Unstructured Activity**: At least 60 minutes of unstructured activity each day.

2. **No Physical Activity Withheld**
   - Physical activity is never withheld as a form of punishment.

3. **Equipment Available**
   - Play equipment includes items from at least 5 of the 6 categories on the MOve Smart Equipment Checklist. There should be enough equipment for all children to participate in active play at the same time.

### Recognition Begins at the Intermediate Level

#### Intermediate Requirements
**Must Meet Core Requirements Plus 4 Standards from the Intermediate Level**

4. **Additional Physical Activity**
   - At least 30 minutes of additional physical activity each day (in addition to the core requirements, for a total of 120 minutes per day).

5. **Indoor Physical Activity**
   - The facility has a plan to create indoor space for physical activity.

6. **Learning Integrated**
   - Routinely incorporate physical activity in learning activities at least one time each day.

7. **Screen Time**
   - Limit screen time to 30 minutes per week. The 30 minutes of screen time should be used for educational or physical activity purposes only.

8. **Written Policy for Facility**
   - Facility has written policy that addresses the facility’s physical activity practices and the policy is communicated to staff and parents.

9. **Staff Education and Training**
   - Each staff person receives at least 1 hour of training annually that promotes developmentally appropriate physical activities.

10. **Sedentary Time Limited**
    - Children should not be kept sedentary for more than 30 minutes at a time, excluding nap time and meal time.

11. **Visual Promotion of Physical Activity**
    - Pictures, posters, books, and other visual materials promote physical activity.

12. **Staff Participation and Role Modeling**
    - Staff participate in structured and unstructured activity and remain engaged with the children. Teacher enthusiasm and effort promote physical activity.

### Advanced Requirements
1-12. **Must Meet All Standards Listed Above**

### For Children 2 Through 5 Years of Age

**Must Meet All Guidelines Listed Above**
References


• http://www.eceobesityprevention.org/child-adult-care-food-program-cacfp/