

CHILDHOOD OBESITY PREVENTION

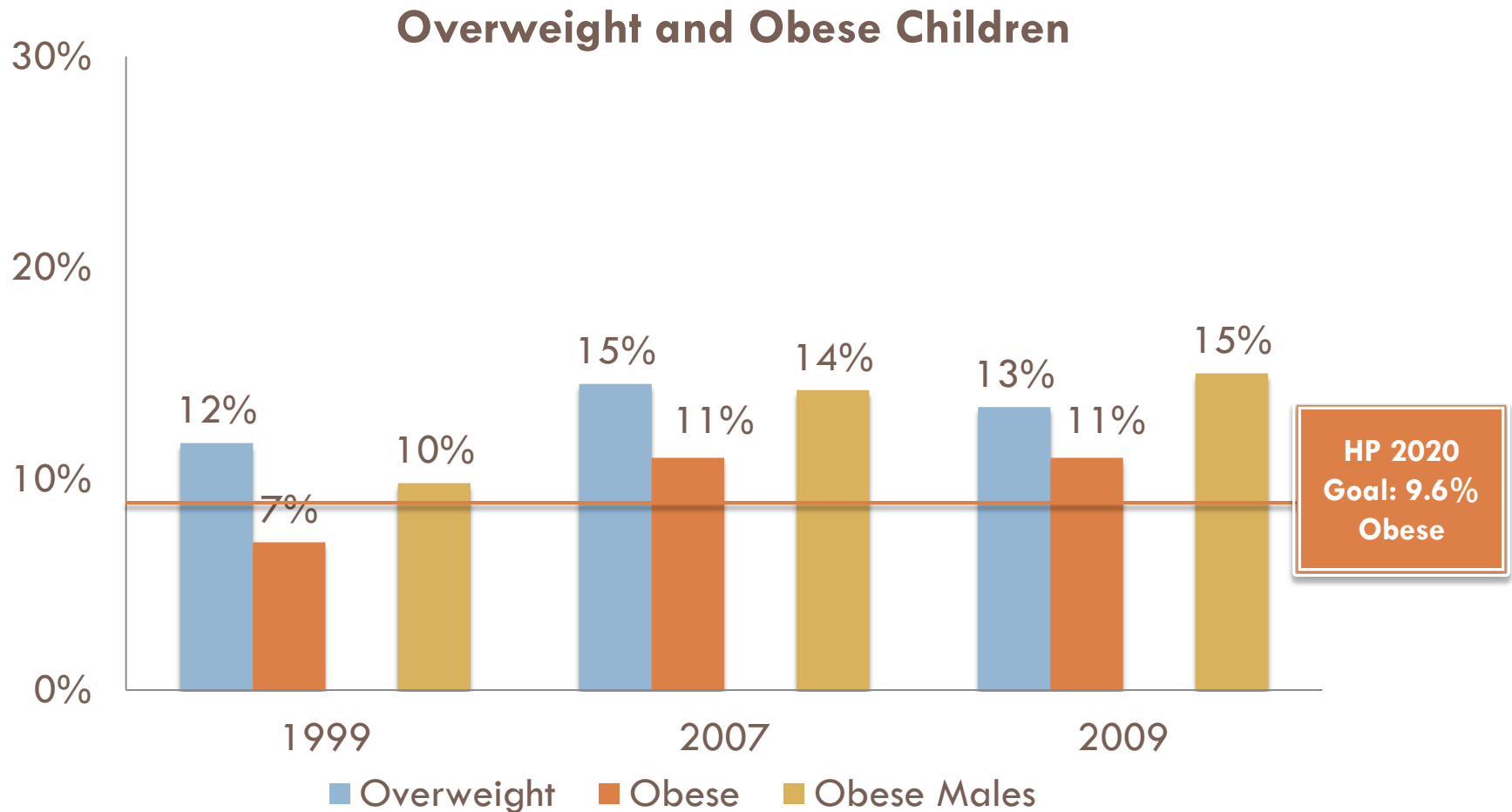
Nevada NAC Policy Changes
Required to Meet National Health
& Safety Performance Standards in
Early Care & Education



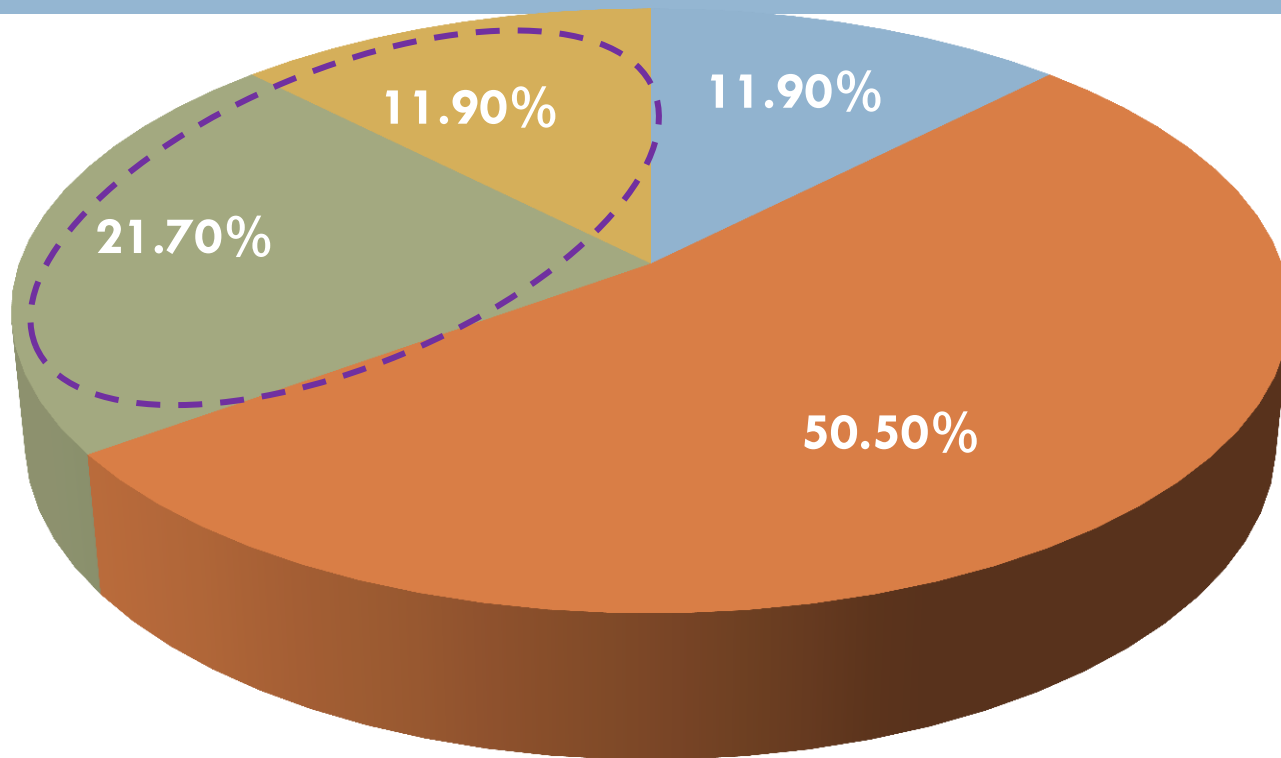
Children's
Advocacy
ALLIANCE

EXHIBIT H Health Care
Document consists of 25 pages.
Entire exhibit provided.
Meeting Date 3-05-14

Obesity in Nevada— Children



Kindergarten BMI Weight Status in Nevada



Underweight
Overweight

Healthy Weight
Obese

Obesity Prevention in Early Care and Education

- In 2007–2008, 10.4% of children aged 2 to 5 years were obese.
- Today, a third of U.S. preschool children aged 2 to 5 years are overweight or obese.
- Higher rates of obesity are found among Latino (14.2%) and non-Latino Black (11.4%) children, compared to non-Latino White children (9.1%).

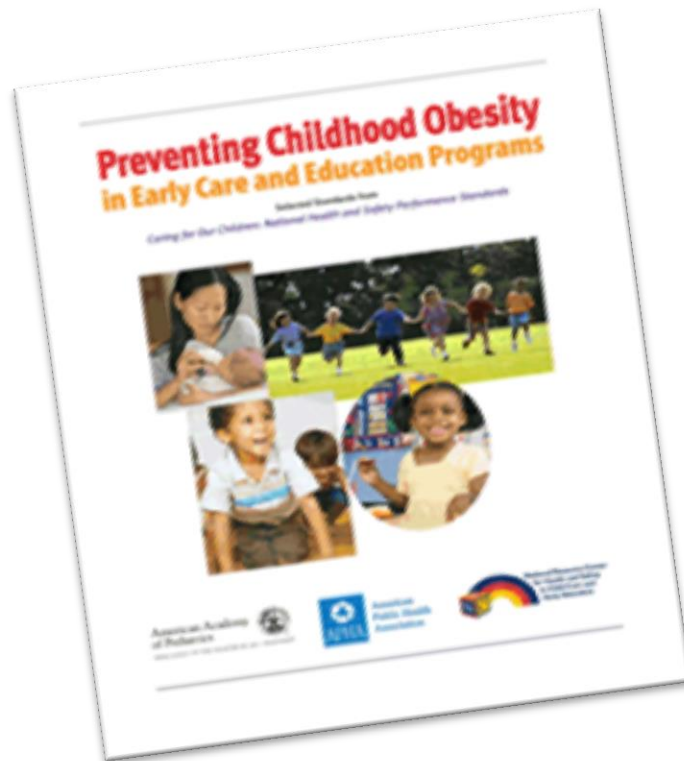


Caring For Our Children, 3rd Ed.

- Best Practice in Health & Safety Standards in ECE Settings
- Expert Consensus
- Establishes Model Standards that are Evidence Based



Preventing Childhood Obesity in Early Care and Education Programs, 2nd Ed.



- Spin Off of CFOOC
- Published July 2010
- Nutrition, Physical Activity and Screen Time Standards

National Standards Move Us in the Right Direction



As of December 2010, Nevada licensing regulations fully meet 3 of the 47 standard components for preventing childhood obesity in Early Care and Education settings.

Degree to which State Licensing Regulations Contain 47 Selected Components of the Caring for Our Children: National Health & Safety Performance Standards for Early Care & Education Programs (3rd Ed.)*

Infant Feeding			Fully Present	Partial†	Missing†	Contradicts†
CFOC Standard Component Description		Nevada	# of States	# of States	# of States	# of States
IA1	Encourage/support BF by onsite arrangements for moms to BF	Missing	6	13	32	0
IA2	Serve milk or formula to at least 12 months	Missing	21	6	21	3
IB1	Feed infants on cue	Missing	28	4	19	0
IB2	Do not feed infants beyond satiety/allow infant to stop the feeding	Missing	0	23	28	0
IB3	Hold infants while bottle feeding	Partial	8	29	14	0
IC1	Develop plan for introducing age appropriate solid foods in consultation with parent	Partial	0	34	17	0
IC2	Introduce age-appropriate solid foods no sooner than 4 months, preferably at 6 months	Missing	1	24	25	1
IC3	Introduce BF infants gradually to iron-fortified foods no sooner than 4 months, preferable at 6 months	Missing	0	26	25	0
ID1	Do not feed an infant formula mixed with cereal, juice or other foods	Missing	1	1	49	0
ID2	Serve whole fruits, mashed or pureed, for infants 7 mo up to 1 year	Missing	0	1	17	33
ID3	Serve no fruit juice to children younger than 12 months	Missing	0	2	17	32

	Nutrition		Fully Present	Partial†	Missing†	Contradicts†
CFOC Standard Component Description		Nevada	# of States	# of States	# of States	# of States
NA1	Limit oils by choosing mono and polyunsaturated fats and avoiding trans fats, sat fats and fried foods	Missing	2	1	48	0
NA2	Serve meats and/or beans, avoiding fried meats	Missing	3	33	15	0
NA3	Serve other milk equivalent products (yogurt, cottage cheese) using low-fat variants for 2 years and older	Missing	2	30	18	1
NA4	Serve whole milk to 12 - 24 month olds who are not on human milk, or serve reduced fat milk to those at risk for hypercholesterolemia or obesity	Missing	0	5	46	0
NA5	Serve skim or 1% milk to 2 years and older	Missing	3	1	46	1
NB1	Serve whole grain breads, cereals, and pastas	Missing	4	25	22	0
NB2	Serve vegetables (dark green, orange, deep yellow and root, such as potatoes and viandas)	Missing	4	32	15	0
NB3	Serve fruits of several varieties, especially whole	Missing	10	28	13	0
NC1	Only 100% juice, no added sweeteners	Missing	30	1	19	1
NC2	Offer juice (100%) only during meal times	Missing	1	2	48	0
NC3	No more than 4 - 6 oz juice/day for 1 - 6 year olds	Missing	0	32	19	0
NC4	No more than 8 - 12 oz juice/day for 7 - 12 year olds	Missing	1	30	20	0
ND1	Water available inside and outside	Fully	13	17	21	0
NE1	Teach children appropriate portion sizes by using plates, bowls & cups that are developmentally appropriate to nutritional needs	Missing	0	3	48	0
NE2	Adults eating meals with children eat items that meet standards	Missing	0	0	51	0
NF1	Serve small-sized, age-appropriate portions	Partial	32	5	14	0
NF2	Permit children to have 1 or more additional servings of nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the child and teach children who require limited portions about portion size and monitor their portions	Partial	2	26	18	5
NG1	Limit salt by avoiding salty foods (chips, pretzels)	Missing	3	0	48	0
NG2	Avoid sugar, including concentrated sweets (candy, sodas, sweetened drinks, fruit nectars, flavored milk)	Contradicts	0	4	19	28
NH1	Do not force or bribe children to eat	Partial	1	27	23	0
NH2	Do not use food as a reward or punishment	Fully	5	37	9	0

Physical Activity			Fully Present	Partial†	Missing†	Contradicts†
CFOC Standard Component Description		Nevada	# of States	# of States	# of States	# of States
PA1	Provide adequate space, both inside and outside play	Fully	36	6	9	0
PA2	Provide orientation and annual training opportunities for caregivers/teachers to learn age-appropriate gross motor activities and games that promote PA	Missing	0	1	50	0
PA3	Develop written policies on the promotion of PA and the removal of potential barriers to PA participation	Missing	1	0	50	0
PA4	Require caregivers/teachers to promote children's active play, and participate in children's active games at times when they can safely do so	Missing	0	0	51	0
PA5	Do not withhold active play from children who misbehave	Partial	7	13	31	0
PB1	Do not utilize media (tv, video, dvd) viewing and computer with children younger than 2 years	Missing	1	14	36	0
PB2	Limit total media time for 2 year olds and older to no more than 30 min/week	Missing	0	13	38	0
PB3	Limit media time only for educational purposes or PA	Missing	4	2	45	0
PB4	Do not utilize TV, video, or dvd viewing during meal or snack time	Missing	0	0	51	0
PC1	For birth - 6 years, provide 2 - 3 occasions daily of active play outdoors, weather permitting	Partial	4	34	13	0
PC2	Toddlers 60 - 90 min/8-hr day for moderate to vigorous PA	Partial	0	33	18	0
PC3	Preschoolers 90 - 120 min/8-hr day for moderate to vigorous PA	Missing	0	32	19	0
PD1	Children birth - 6 years, 2 or more structured or adult-led activities or games that promote movement daily	Missing	1	7	43	0
PE1	Daily supervised tummy time for infants	Missing	6	0	45	0
PE2	Use infant equipment (swings, stationary centers, seats, bouncers) only for short periods of time if at all.	Partial	1	13	35	2

Modifying Current Standards Will Impact Obesity Outcomes of Children in Nevada

Goals & Strategies:

- Reduce Overweight & Obesity Rates
 - ▣ Children and youth reach healthy weight levels by increasing consumption of fruits and vegetables, and physical activity levels
- Increase Physical Activity
 - ▣ Children and youth increase physical activity levels by actively engaging in daily recommended levels
- Increase Consumption of Fruits and Vegetables
 - ▣ Children and youth increase consumption of fruits and vegetables to daily recommended levels
- Supporting Breastfeeding in Child Care Programs

NV ECE Workgroup



Cooperative Extension*



Southern Nevada Health District*



Washoe County Health District*



Child Care Licensing Div. of Child and Family Services, Bureau of Services for Child Care*



WIC*



Chronic Disease Prevention and Health Promotion Section*



Childcare and Development



Office of Early Care and Education



Head Start Collaboration and Early Childhood Systems



Dept of Education



Dept of Transportation



Dept of Agriculture – Farm to School



SNAP ED, DWSS



MCH/Home Visiting



Child & Adult Food Program



Nevada Registry



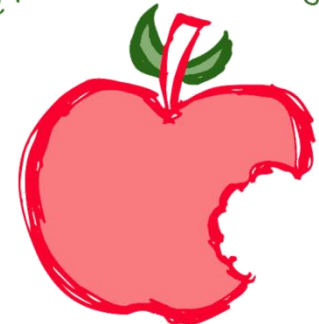
Child Care Health Consultants

Proposed Changes: Nutrition

NAC 432A.380

- Requires that portions must be age-appropriate.
- Limits amounts of foods with added sugars or low nutritional value, with specific requirements regarding milk, milk products and juice.
- Encourages staff to set good examples by:
 - Eating with the children (currently in NAC)
 - Eating items that meet Child & Adult Care Food Program standards
 - Teaching children appropriate portion sizes
- Requires facilities to use meal patterns established by Child & Adult Care Food Program.

Where Healthy Eating Becomes a Habit



CHILD & ADULT CARE FOOD PROGRAM

Proposed Changes: Snacks & Meals

NAC 432A.385

Requires facility to develop a feeding plan with the child's parent that includes:

- Introduction of age-appropriate solid foods
- Encourages/supports breastfeeding (offering onsite arrangements for moms to breastfeed).

Proposed Changes: Standards for Programs

NAC 432A.390

Provides definitions for:

- Moderate Physical Activity
- Vigorous Physical Activity
- Muscular Strengthening Activities
- Bone Strengthening Activities
- Sedentary Activities
- Screen/Media Time

Proposed Changes: Standards for Programs

NAC 432A.390

- Requires facilities to provide a program of physical activity that includes moderate to vigorous activity for all children, in addition to daily periods of outdoor play (weather permitting).
- Requires caregivers/teachers to participate in activities, when it is safe to do so.
- Establishes physical activity guidelines based on developmental age of children.

Proposed Changes: Standards for Programs

NAC 432A.390

- No more than 60 minutes of sedentary activity at a time (except sleep/nap).
- Requires limits to screen/media time:
 - 0 minutes for children under age 2
 - 30 minutes (education/activity only) for ages 2+
 - Computer limited to 15 minute periods for ages 2+ (except for completing homework)
 - None during snack/meal time.

Proposed Changes: Standards for Programs

NAC 432A.390

- Removes requirement that children must rest during nap time.
- Requires facilities to provide a “time and space” for children who are unable to sleep.

Proposed Changes: Discipline

NAC 432A.400

Prohibits a facility from withholding or forcing physical activity as a form of discipline.

Provider Feedback

In Person Presentations

- Carson City, Elko, Las Vegas & Reno
- Primarily Teachers
- 47 Surveys Completed

Mailed Surveys

- 492 Licensed Providers
- 93 Responses (owners & directors)

140 Total Responses



Provider Feedback

Ability to Implement Proposed Regulations

Group A (Owners/Directors)	Group B (Teachers/Community)
Yes – 75% No – 6.5% Not Sure – 16%	Yes – 58% No – 22% Not Sure – 19%

Provider Feedback

Economic Impact of Proposed Regulations

Group A (Owners/Directors)	Group B (Teachers/Community)
Yes – 33% No – 41% Not Sure – 26%	Yes – 36% No – 33% Not Sure – 31%

Next Steps: Adopt Regulations

- ❑ Confer with State Agencies & Divisions
- ❑ AG & DPBH Administration Approval
- ❑ Business Impact Statement Survey
- ❑ Public Workshop
- ❑ Revisions, as needed
- ❑ Board of Health

Next Steps: Training



Trainings will be held in 2014 and beyond to:

- Review new/proposed regulations
- Provide resources and technical assistance for implementation
- Address barriers/issues that may arise

Questions/Comments



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