

Childhood Obesity Prevention

According to the CDC, in Nevada 36.3% of adults are overweight and 26.2% of adults are obese. This movement is not just occurring amongst adults, but children as well. As early as Kindergarten, 30% of students are either overweight or obese. Most children will carry this weight concern into adulthood where the health risks associated with obesity greatly increase. Obese adults are more likely to have chronic diseases including diabetes, coronary heart disease, stroke and some cancers. The health costs for combating these preventative issues are large. In 2006, the estimated cost associated with treating overweight and obesity in Nevada was 337 million dollars annually. Strategies to combat obesity will help the state create a healthy population and save money. Since weight issues are occurring as early as Kindergarten, prevention methods encouraging physical activity and proper nutrition among young children and their families are key to reversing this trend.

Assembly Bill 152 Update

Assembly Bill 152 – *Required the State Board of Health to adopt regulations setting forth certain requirements for child care facilities relating to breastfeeding and physical activity.*

- **Breastfeeding** – *Require each licensee that operates a child care facility to provide an appropriate, private space on the premises of the child care facility where a mother may breastfeed.*
- **Physical Activity** – *Require each licensee that operates a child care facility, other than an accommodation facility or a child care institution, to provide a program of physical activity that:*
 - 1) *Ensures that all children receive daily periods of moderate or vigorous physical activity that are appropriate for the age of the child;*
 - 2) *Limits the amount of sedentary activity, other than meals, snacks and naps, that children engage in each day; and*
 - 3) *Allows for specialized plans for children with special needs or who have disabilities.*

Improving children's healthy development in the early years is recognized as producing long-term gains not only in health, but also in education, social development, and contributions to one's community.

- Build Initiative

AB152, as introduced, included requirements related to meals and snacks provided to children at child care facilities and viewing media.

- **Meals and snacks** – *Require each meal or snack provided to a child by a child care facility to:*
 - 1) *Comply with the minimum food components set forth in 7 C.F.R. § 226.20; and*
 - 2) *Be served in a portion size appropriate for the age of the child;*
 - 3) *Include specific requirements concerning milk, other dairy 13 products and juice; and*
 - 4) *Limit the fat and sugar content of all meals and snacks*
- **Viewing media**
 - 1) *A child care facility shall not allow children under 2 years of age to view media or allow children to view media during snack or meal times, and shall limit the total amount of time children are allowed to view media*

Children's Advocacy Alliance is working with Nevada Department of Public and Behavioral Health – Child Care Licensing to implement AB152 requirements and additional childhood obesity prevention measures – including meals and snacks & viewing media – in the Nevada Administrative Code. The proposed NAC regulations will be released in the summer of 2016.

HEALTH CARE
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Agenda Item VIII C-1

Body Mass Index (BMI) Survey

The Nevada BMI Study, which sunset in June 2015, collected a statistical sample of anonymous weight and height measurement data for fourth, fifth and seventh grade student sample groups.

- Used by State public health entities to validate the need for health programs for Nevada's youth and show progress toward meeting the established need.
- Without BMI data, Nevada might not have the statistical data necessary to compete for funding on the federal level and could become ineligible for federal grants.
- Future grant awards from entities such as the CDC increasingly require quantitative proof that their resources are making a positive impact on public health
- In the 2015 Legislative Session, both Senate Bill 178 and Senate Bill 402 proposed legislation which would have extended the BMI Study.

Nevada Early Childhood Obesity Prevention Steering Committee

Purpose: Align statewide efforts to reduce and prevent obesity in Early Care and Education (ECE) settings in Nevada through partnerships, health promotion and Policy, Systems and Environmental change (PSE)

- **Steering Committee Members:**
 - Nevada Division of Public and Behavioral Health (DPBH)
 - Southern Nevada Health District (SNHD)
 - Washoe County Health District (WCHD)
 - Children's Cabinet
 - Nevada Institute for Children's Research and Policy (NICRP)
 - Children's Advocacy Alliance
 - Nevada Department of Education – Early Learning and Development
 - American Heart Association
- **Current efforts to Combat Early Childhood Obesity in Nevada:**
 - DPBH Obesity Prevention Program
 - Let's Move Campaign (limited)
 - Color Me Healthy Provider Curriculum Kits
 - ECE Wellness Plan TA
 - Provider Incentive Programs
 - Provider Trainings
 - Child & Adult Care Food Program
 - School Gardens & Curriculum
 - All 4 Kids – ECE Physical Activity Program
 - Parent & Provider Brochures, Posters, and Toolkits

2017 Children's Health Policy Priorities

- Enact **nutrition standards** in early education settings as a means to reduce childhood obesity rates.
- Reauthorize **Body Mass Index (BMI) measurement requirements**.
- Improve **reimbursement rates for Medicaid** to increase provider participation & expand access to services.
- Improve policies that promote and support **breastfeeding**.
- **Enhance state funding** and provide additional support to **increase grant funding** for education, outreach and direct services, including comprehensive evaluation & data collection.



Children's Advocacy
ALLIANCE

702-228-1869

5258 South Eastern Ave, Suite 151, Las Vegas, NV 89119
3500 Lakeside Ct. #209. Reno, NV 89509