Starting Healthy: Preventing Preschool Obesity
By Amy Winterfeld

Obesity rates have doubled in the past four decades among 2- to 5-year-olds. Twenty-one percent of children in that age group weigh too much and half of those above a healthy weight are obese, according to recent reports from the Institute of Medicine and the Centers for Disease Control and Prevention. Being overweight early in life increases the risk of adult obesity and its related health consequences—such as type 2 diabetes, heart disease and some cancers.

As these children grow, obesity-related health care spending carries potentially budget-busting consequences. The institute’s report “Early Childhood Obesity Prevention Policies” released in June 2011, recommends that “national efforts to prevent obesity [give more] attention to infants, toddlers and preschool children,” and “support families’ efforts to prevent obesity and maintain healthy lifestyles.” Policies that promote the availability of healthy food, create safe play areas and make other improvements in day care and preschool settings are aimed at establishing healthy habits and providing healthier options. State legislation and regulatory action can also bolster obesity prevention efforts for preschoolers in child care and community settings.

Federal Action
The national Childhood Obesity Task Force released an action plan, Solving the Problem of Childhood Obesity Within a Generation in May 2010. The plan makes 70 specific recommendations, including offering nutritious food and ample opportunity for young children to be physically active in child care settings, while also involving parents and caregivers in prevention efforts. The federal Healthy, Hunger Free Kids Act, enacted in 2010, calls for a national study of opportunities for physical activity and the nutritional quality of all foods available to children in child care settings. This June, Let’s Move Childcare, a national public-private partnership, was launched to provide resources and recognition for child care providers that establish healthier physical activity and nutrition practices. The General Services Administration, Department of Defense and Bright Horizons childcare centers have committed to participate.

State Action
In recent years, state legislatures also have made efforts to stem early childhood obesity including:

Nutrition education and training for child care workers. Nevada legislators passed a resolution in 2007 encouraging state agencies, school districts and organizations that provide nutrition education—especially to new and expectant parents and early childhood caregivers—to collaborate to educate Nevadans about healthy lifestyle choices. In 2011, lawmakers followed up by requiring state-licensed child care employees to receive yearly training on childhood obesity, nutrition and physical activity.
Taxpayers, businesses, communities and individuals spend an estimated $168 billion annually in medical costs attributable to obesity.

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Resources


Taxpayers, businesses, communities and individuals spend an estimated $168 billion annually in medical costs attributable to obesity. By tackling obesity early in childhood, policymakers may help reverse one of the nation's most costly and prevalent chronic conditions.

Councils or task forces. Many state legislatures have created councils or task forces; some center on early childhood alone while others include childhood obesity prevention as part of a broader scope of issues. In 2005, Illinois legislators directed the state’s Early Learning Council to include nutrition, nutrition education, and physical activity in its work with the state’s Interagency Nutrition Council. Texas legislators created a Early Childhood Health and Nutrition Interagency Council in 2009 to assess, among other health items, the existence of nutrition and physical activity requirements in early childhood care settings. The council developed a six-year early childhood plan that includes recommendations to improve children’s consumption of fruit and vegetables, increase their daily physical activity, and educate parents and caretakers about proper nutrition and the benefits of breastfeeding.

North Carolina lawmakers also created a task force in 2009 to make recommendations on how to address the problem of childhood obesity. In 2010, legislators built upon the task force’s work by directing the state’s Child Care Commission to consult with the Division of Child Development to develop better nutrition standards and physical activity guidelines for child care facilities. This year, Kentucky legislators established a task force on childhood (including early childhood) obesity, which will report its recommendations and findings to the legislature by Nov. 30, 2011.

Including child care programs in school and community nutrition efforts. Colorado and Massachusetts legislators recently included child care facilities in broader programs for healthy foods in schools and communities. Last year, Colorado created a farm-to-school task force to increase the use of local products to provide healthier food choices at schools and in state-regulated child care programs, while also strengthening the local agricultural economy. When Massachusetts established a food policy council in 2010, legislators specified that its recommendations to increase local food production and state acquisition of local products include child care programs.

Preschool beverage standards. California legislators recently enacted legislation requiring licensed child care facilities to serve only low-fat or nonfat milk to children over age 2; limit juice drinks to one serving a day of only 100 percent juice; and make safe drinking water available throughout the day.

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