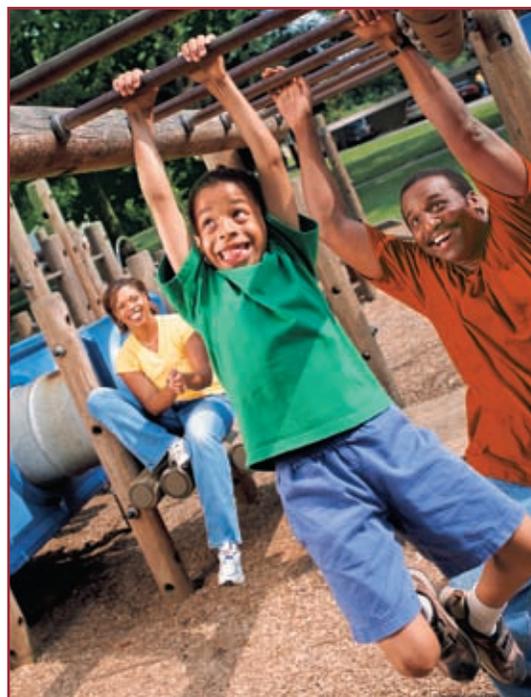


## 2 — INTRODUCTION

The Connecticut State Department of Education (CSDE) developed the *Action Guide for Child Care Nutrition and Physical Activity Policies* to help child care programs and communities encourage healthy lifestyles in children by developing and implementing comprehensive nutrition and physical activity policies. The goal of these policies is to create a child care environment that consistently supports children's health and learning by:

- providing clear and consistent messages that explain and reinforce healthy eating and physical activity habits;
- helping children learn to make healthy lifestyle choices;
- providing developmentally appropriate and culturally relevant nutrition education;
- providing quality physical education and daily opportunities for developmentally appropriate physical activity; and
- supporting and engaging families in promoting healthy habits.



This action guide is intended for child care, early education and afterschool programs, including those participating in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The CACFP serves children from birth through age 12 in child care centers and family day care homes; students ages 18 and younger in at-risk afterschool care centers; and in emergency shelters, residents up to 18 years old and children of any age who have disabilities. Centers participating in the CACFP include child care and school-based programs, early care and education programs, Head Start centers, School Readiness programs and at-risk afterschool care centers.

As noted in section 1, the action guide can be used in a variety of child care settings. It can also be used by sponsoring agencies, community organizations, local early childhood coordinating councils, municipalities and other groups interested in improving local nutrition and physical activity practices.

The CSDE strongly encourages all Connecticut child care programs, including those that do not participate in the CACFP, to develop nutrition and physical activity policies based on the action guide. The action guide includes best practices for promoting healthy eating and physical activity for infants (birth through 11 months) and children (ages 1 and older) in the child care setting. These policy guidelines are based on current science, public health research, and national health recommendations and standards that are applicable to all children. They are supported by 45 health and education organizations in Connecticut (see *Acknowledgments*). Following the policy recommendations in the action guide will help all Connecticut child care programs implement best practices for creating a healthy child care environment.

The CACFP helps child care programs to implement best practices for healthy meals and snacks. Children who receive CACFP meals and snacks eat healthier food than children who bring meals and snacks from home.<sup>1, 2</sup> For more information on the benefits of and requirements for participating in the CACFP, contact the CSDE at 860-807-2050.

## RATIONALE FOR POLICY DEVELOPMENT

### Health Affects Academic Achievement

Research over the past decade has consistently concluded that children who eat well and are physically active learn better. Conversely, poorly nourished, overweight, sedentary or hungry children tend to have weaker academic performance and score lower on standardized achievement tests.<sup>3-9</sup> Participation in breakfast programs is linked with increased academic test scores, improved daily attendance, better class participation and reduced tardiness.<sup>10, 11</sup> Numerous studies have found that regular physical activity supports better learning and decreasing physical education may undermine the goal of better academic performance.<sup>12,13</sup> Children's fitness levels have been correlated with academic achievement, including improved math, reading and writing scores.<sup>14-18</sup>

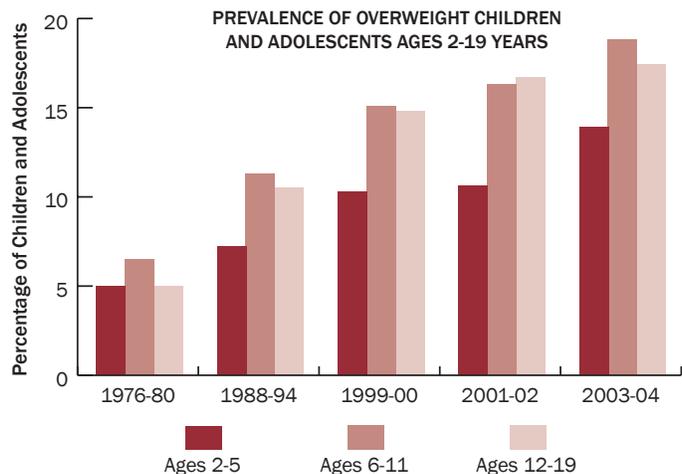
### Children's Nutrition and Physical Activity Behaviors Are Poor

Many children do not eat well or get enough physical activity. Currently, 17 percent of children and adolescents ages 2 to 19 are overweight and 1 in 3 children are overweight or obese.<sup>19</sup> Between 1980 and 2004, obesity tripled among children and adolescents.<sup>20</sup> Poor eating habits that contribute to health problems tend to be established early in life, and unhealthy habits are usually maintained as children age. Obese children have increased risk for diseases in adulthood, such as diabetes and heart disease, and they often become obese adults.<sup>22,23</sup>

Childhood obesity disproportionately affects low-income and minority children. In 2008, almost 15 percent of low-income preschoolers were obese.<sup>21</sup> The prevalence was highest among American Indian or Alaska Native (21 percent) and Hispanic (19 percent) children, and lowest among white (13 percent), Asian or Pacific Islander (12 percent) and black (12 percent) preschool children.

Poor eating habits are not limited to children who are overweight. Data from the USDA Healthy Eating Index indicate that children's diets tend to be inadequate in fruits (particularly whole fruits) and vegetables (particularly dark green and orange vegetables and legumes), whole grains and calcium-rich foods, while they are too high in sodium, saturated fat and added sugars.<sup>24</sup> Snacking has increased significantly from 1977 to 2006, with children ages 2 to 18 consuming more than 27 percent of their calories from snacks.<sup>25</sup> The largest increases are from salty snacks (e.g., crackers, chips, popcorn and pretzels) and candy, while desserts (e.g., cakes, cookies, pies, bars, ice cream and gelatin) and sweetened beverages remain the major sources of calories from snacks.

National guidelines for children's physical activity include at least 60 minutes of daily physical activity.<sup>26, 27</sup> Recommendations for preschoolers include at least another 60 minutes of unstructured daily physical activity.<sup>28</sup> Yet, most children are not meeting these recommendations and research shows that physical activity declines



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, 2006.

as children get older. A recent study found that children's activity levels begin to decline between ages 3 to 5.<sup>29</sup> By the time students are in high school, 65 percent do not meet daily physical activity recommendations.<sup>30</sup>

In the 2007-08 school year, 64 percent of Connecticut's students in Grades 4, 6, 8 and 10 could not pass all four components of a health-related physical fitness assessment.<sup>31</sup> The poorest performances were seen in the mile run, which indicates cardiovascular endurance; only 50 percent of students were able to meet the health standard.

### **Policies Make a Difference**

Effective policies can improve children's health. The day-to-day practices of child care programs play a key role in helping children develop healthy eating and physical activity habits.

Child care programs have many opportunities to improve children's healthy eating and physical activity behaviors each day. Most infants and children in the U.S. spend a significant amount of time in child care. Sixty percent of infants and children up to age 5 spend an average of 29 hours per week in a child care setting. More than half of children ages 5 to 14 also spend time in a child care setting.<sup>32</sup>



Effective policies create an environment that supports healthy behaviors, encourages learning and eliminates practices that are counterproductive to children's health, such as food rewards or insufficient physical activity. Strong policies provide clear standards for staff members and families on implementing consistent healthy practices throughout the child care environment, such as:

- providing developmentally appropriate and standards-based nutrition education;
- providing quality physical education and daily opportunities for developmentally appropriate physical activity;
- providing healthy foods throughout the child care program, e.g., meals, snacks, celebrations and other events on site; and
- supporting and engaging families in promoting healthy habits.

Effective policies can help child care programs play a critical role in reducing childhood obesity. Child care programs can promote healthy weights for the children in their care by creating an environment that encourages healthy eating, promotes physical activity and decreases sedentary behavior. *The Surgeon General's Vision for a Healthy and Fit Nation* indicates that child care programs can be successful in these efforts by implementing effective approaches to promoting physical activity and good nutrition, and establishing and communicating policies, procedures and practices that support these approaches in ways that respect local communities and cultures.<sup>33</sup>

Strong policies can create a healthy environment that changes children's eating and physical activity behaviors.

Policies benefit the child care program as well as children. They can help to:

- identify the child care program's plan for quality nutrition and physical activity programs;
- document applicable federal and state requirements and accreditation standards;
- provide clear guidelines for staff members and families;
- standardize consistent practices between classrooms and among all staff members;
- communicate the child care program's benefits to potential families;
- provide a basis to evaluate program activities and staff members;
- demonstrate the child care program's commitment to children's health and well-being;
- educate families regarding the child care program's nutrition and physical activity practices; and
- ensure compliance with best practices based on current science, public health research and national health recommendations.

Developing policies provides a unique opportunity for child care staff members to collaborate within the program and local community. This collaboration can create an environment that optimizes children's health, development and academic achievement, and reduces barriers to learning.