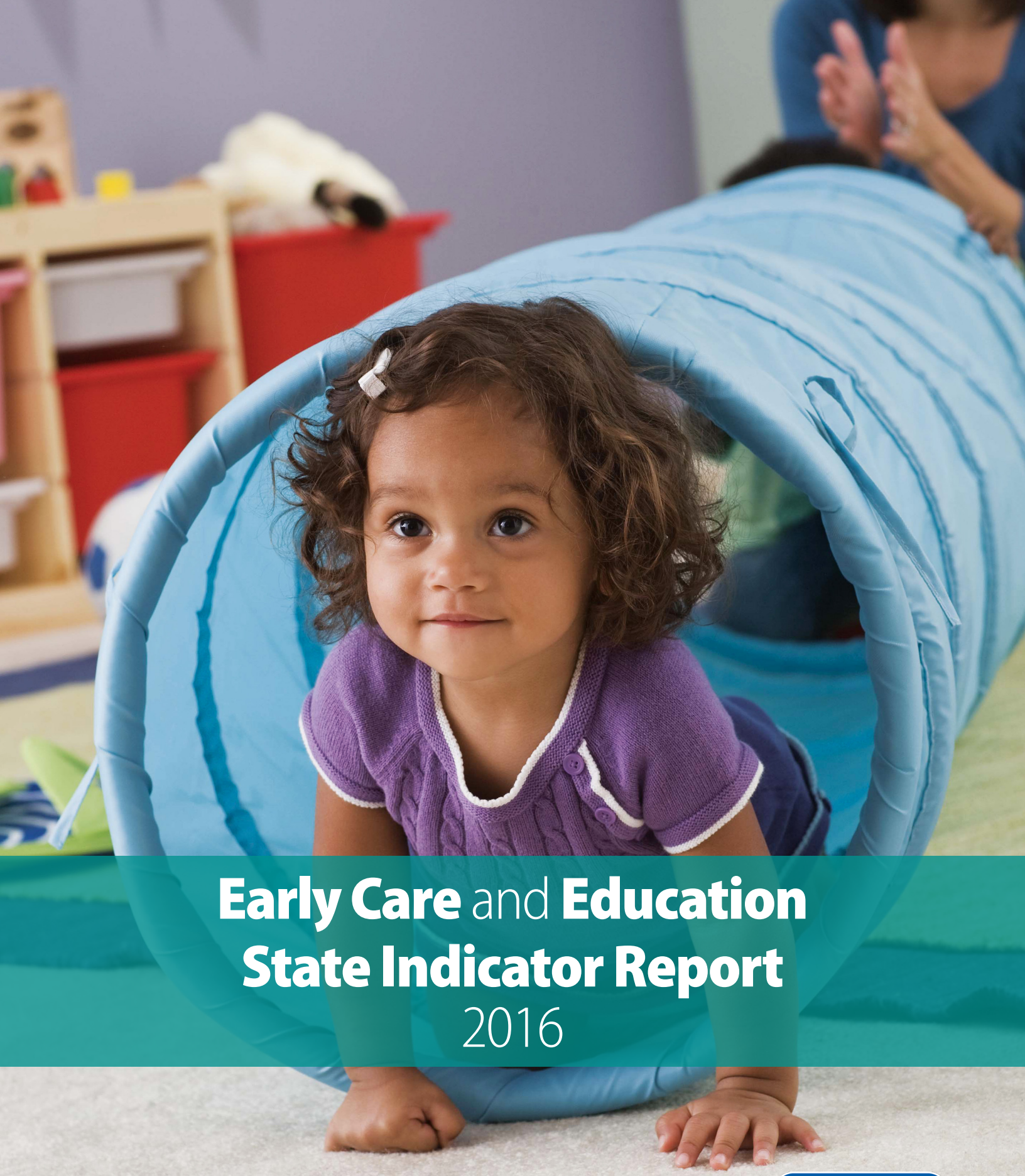


Early Care and Education State Indicator Report 2016

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity

What is this **Report?**

The *Early Care and Education State Indicator Report, 2016* presents information about state policy and system supports for obesity prevention in early care and education (ECE) settings. It also provides examples of how some states have incorporated obesity prevention into their ECE system.

What is **Already Known?**

About 1 in 4 children aged 2 to 5 years are overweight or have obesity. Improvements in the practices of ECE providers and the policies under which they operate can directly affect what children eat and drink and how active they are. It can also help children develop a foundation of healthy habits. CDC developed a framework called the *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting (Spectrum of Opportunities)* and a set of guidance materials to help support states and their communities with ECE obesity prevention.

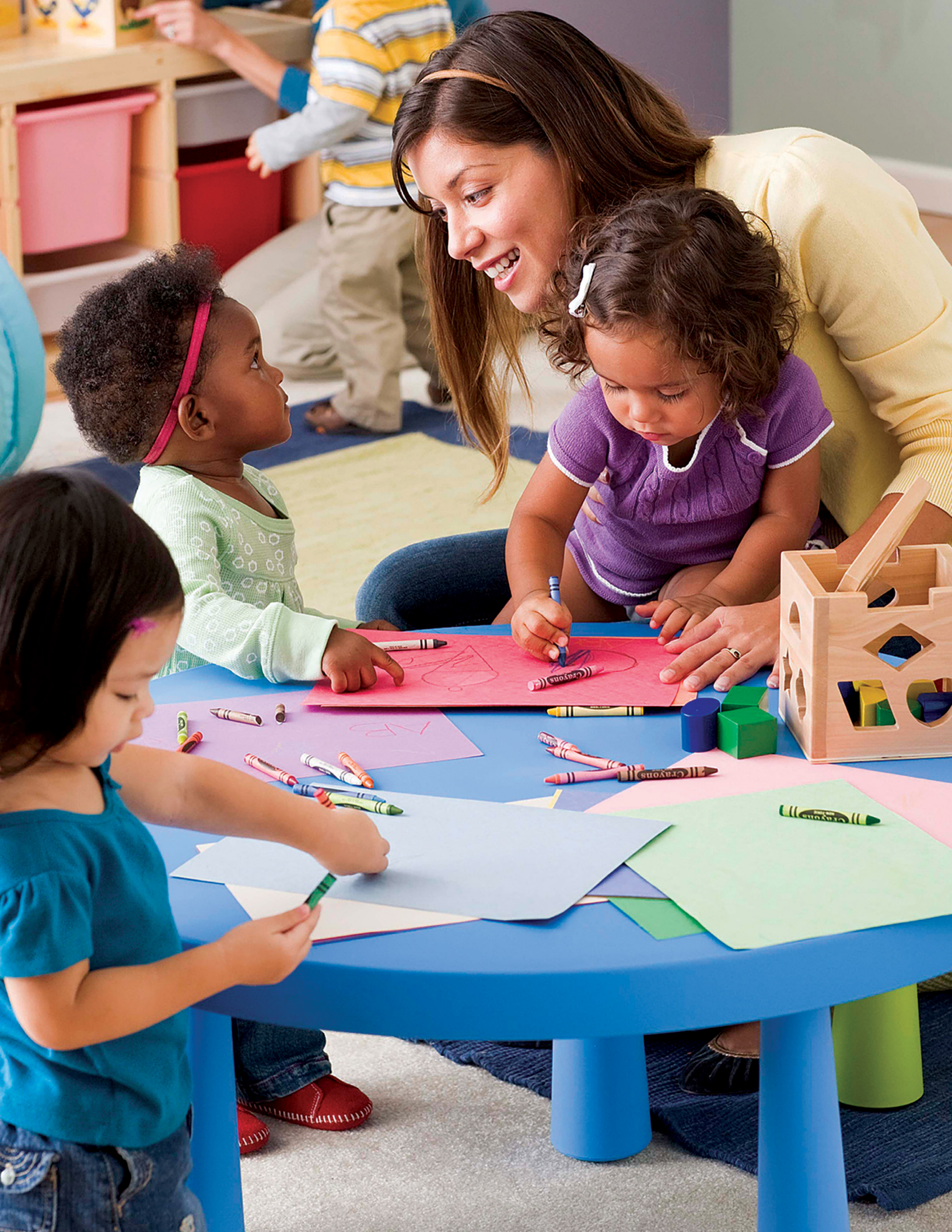
What are the **Key Findings?**

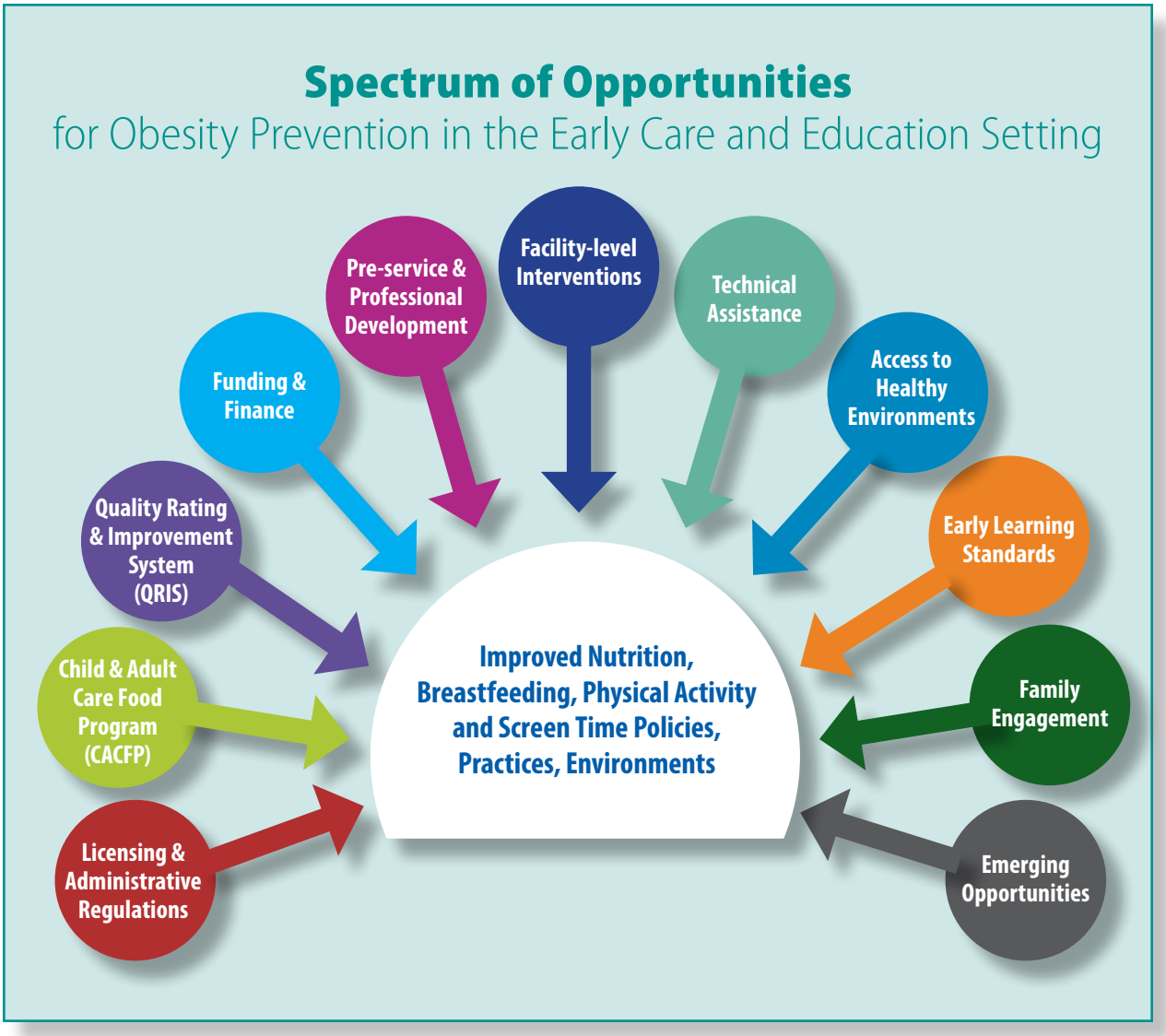
This report shows that states have incorporated many areas of the *Spectrum of Opportunities* into their ECE obesity prevention efforts, including state policy levers such as licensing and Quality Rating and Improvement Systems (QRIS) and system supports such as professional development. Specifically:

- **All 25 states that made routine updates to their licensing requirements during 2011–2014 included obesity prevention standards.**
- **Of the 39 states with a Quality Rating and Improvement System (QRIS), 29 have included obesity prevention in their state standards.**
- **42 states offer online professional development training for ECE providers that covers obesity prevention topics.**

How Can this **Report Be Used?**

State health department staff and other key ECE stakeholders can use this report to guide future ECE obesity prevention efforts and inform decision makers about existing policy and system supports for ECE obesity prevention in their state.





Introduction

Early care and education (ECE) settings—which include child care centers, family child care homes, prekindergarten classrooms, and Head Start programs—present an important opportunity for early childhood development and obesity prevention. An estimated 41% of US children aged 0 to 5 years are cared for weekly in nonparental care arrangements, such as child care centers or family child care homes, although participation rates vary by age group. For example, about 19% of children who are younger than 1 year receive care in child care centers or family child care homes. The percentage increases to about 64% for children aged 3 to 5 years.[1]

ECE is a priority setting for CDC's obesity prevention efforts in the United States. Currently, about 1 in 4 children aged 2 to 5 years are overweight or have obesity,[2] justifying the need for obesity prevention efforts that reach young children broadly. No other setting outside of the home rivals the reach ECE has for young children with respect to food and drink intake and opportunities for and encouragement of physical activity, screen time limitations, and the development of healthy habits. Studies indicate that children who are overweight when they enter kindergarten are four times more likely to have obesity in 8th grade than their peers who are at a normal weight,[3] and that childhood weight status tracks into adulthood.[4]

Improving the practices of ECE providers and the policies under which they operate can directly affect what children eat and drink and how active they are. It can also help children develop a foundation of healthy habits.[5] Obesity prevention efforts in the ECE setting are guided by a subset of the national health and safety performance standards known as *Caring for Our Children: National Health and Safety Standards; Guidelines for Early Care and Education Programs*[6]

(CFOC). CFOC was first published in 1992 and is currently in its third edition. In 2010, CFOC authors identified a subset of standards that describe best practices for the prevention of obesity[7] that focus on the following:

- **Improving the foods and drinks served in ECE facilities.**
- **Providing opportunities for physical activity.**
- **Supporting breastfeeding.**
- **Limiting screen time.**

The CFOC obesity prevention standards have more than 250 components, from which 47 were identified by an expert committee assembled by the National Resource Center for Health and Safety in Child Care and Early Education (NRC) as having "high impact" on childhood obesity prevention.[6]

To help states and communities support ECE providers to meet these national standards, CDC developed the *Spectrum of Opportunities* framework and set of guidance materials.[8,9] This framework identifies a variety of ways that states can embed obesity prevention standards, as well as support for these standards, into their ECE system. Additionally, CDC provides technical assistance and funding to all 50 states and Washington D.C. through cooperative agreements including the State Public Health Actions (1305) and the Early Care and Education Learning Collaboratives (ECELC). This funding and technical assistance helps states and communities support ECE providers to make improvements in nutrition, breastfeeding support, physical activity, and screen time.

This *Early Care and Education State Indicator Report, 2016* focuses on state policy and system supports for obesity prevention in the ECE setting and provides examples of how some states have incorporated obesity prevention into their ECE system. It presents information on 15 indicators representing seven areas from the *Spectrum of Opportunities* framework.[8] State health department staff and other key ECE stakeholders can use this information to guide future ECE obesity prevention efforts and to educate decision makers about existing policy and system supports for ECE obesity prevention in their state.

The indicators in this report describe activities that vary in reach but have the potential to improve ECE care statewide, thus benefiting large numbers of children. This report also contains *Stories from the Field* that illustrate in more detail how state agencies are working to improve the ECE setting.

Summary of Results

This report shows how states have used the *Spectrum of Opportunities* to improve the ECE setting, including in key areas such as licensing and QRIS. For example, 25 states have improved their licensing regulations with respect to obesity prevention standards since 2011.[10] However, out of 47 high impact obesity prevention standards, the most any state fully met in 2014 was 15, signifying room for improvement.

Many states are also working to incorporate obesity prevention standards for nutrition, physical activity, breastfeeding, or screen time into their QRIS. QRIS is a systematic approach to assessing, communicating, and improving quality in early childhood and school-age care and education programs. States set criteria and use a rating system to communicate how well participating ECE facilities meet these criteria. In this report, 29 states reported having obesity prevention topics in their QRIS.

States have also used *Spectrum of Opportunities* areas such as professional development and facility-level interventions to address obesity prevention in ECE. These spectrum areas can enhance the practices of individual ECE providers and have the potential to improve the nutrition and physical activity environments of ECE facilities within a state. As of 2015, a total of 42 states offered online professional development opportunities for ECE providers that cover obesity prevention topics, and 47 states promote or provide specific ECE facility-level interventions.

Many factors play a role in determining which spectrum areas states chose to focus on, and this report shows the variability of spectrum areas pursued by different states. The table on pages 10–11 presents more details on each of the *Spectrum of Opportunities* areas used by states. Additionally, states may be pursing activities outside of the *Spectrum of Opportunities Framework* that are not captured by this report. State health departments, along with key ECE stakeholders and non-governmental agencies, can continue to work together to advance obesity prevention in the ECE setting.

Data Sources

Data for this report were obtained from primary and secondary sources. Most came from an online survey sent to two government employees in each state and the District of Columbia. A three-item survey was sent to the Child and Adult Care Food Program (CACFP) director or manager. A separate 17-item survey was sent to the state health department employee responsible for CDC-funded obesity prevention activities that target the ECE setting. Both surveys were conducted in the fall of 2015 and had a 99% response rate (49 out of 51 CACFP directors and 51 out of 51 state health department staff). Publicly available data were used for three indicators, and the data source for each indicator is noted in the corresponding section.

Policy and System Indicators

Licensing and Administrative Regulations

Data Summary (2 Indicators)

- **Out of 47 high impact obesity prevention standards, the most any state fully met in 2014 was 15 in Mississippi.**
- **All 25 states that made routine updates to their licensing requirements during 2011–2014 included obesity prevention components.**

Definition and Rationale

Licensing is defined as permission from the state to operate an ECE facility. The licensing and regulation of ECE facilities is the responsibility of individual states, US territories, and the District of Columbia, and each has an agency responsible for oversight and enforcement.[11] Each state decides its own time frame for routine updates to state licensing requirements. Most ECE programs and providers licensed by the state are required to meet minimum standards of care for health and safety. States can include obesity prevention standards in licensing and administrative regulations for child care centers and family child care homes, which will reach most children who attend licensed ECE facilities.

Since 2011, the NRC published an annual report documenting how closely each state's ECE licensing regulations reflect the CFOC high impact obesity prevention standards[10] in centers, large family child care homes, and small family child care homes.

The first indicator for this section reflects the number of obesity prevention standards in state licensing regulations that meet the 47 high impact obesity prevention standards. Values for this indicator range from 0 to 47. The most any state fully met in 2014 was 15 in the state of Mississippi.

The second indicator for this section reflects the number of states that have included obesity prevention standards during routine updates to licensing requirements during 2011–2014. All 25 states that made licensing regulation changes during this period improved their obesity prevention standards.

Data Source: National Resource Center for Health and Safety in Child Care and Early Education, Achieving a State of Healthy Weight website, 2014.[10]

Child and Adult Care Food Program (CACFP)

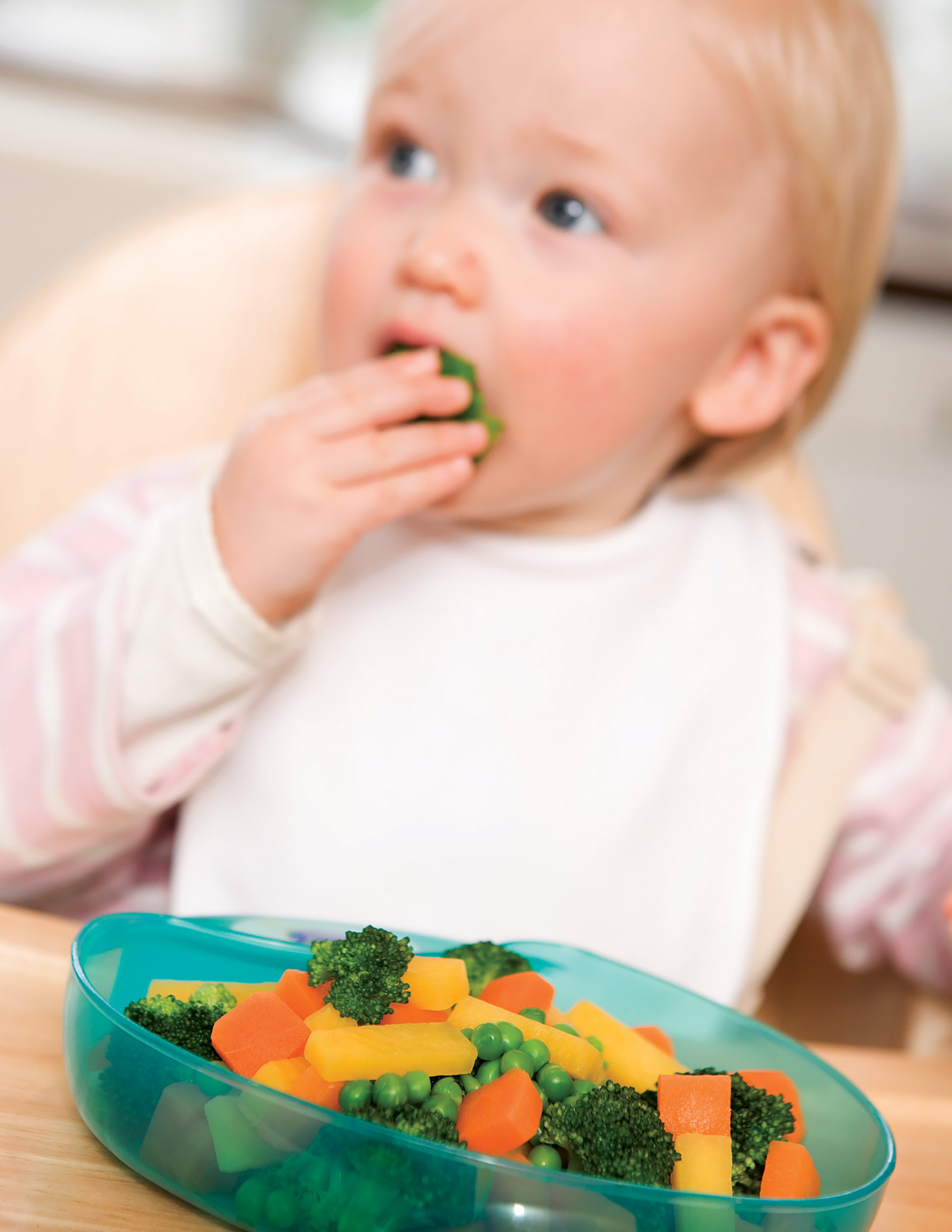
Data Summary (3 Indicators)

- **29 states encourage enhanced nutrition standards in their state CACFP program (2015).**
- **19 states promote or provide an ECE obesity prevention intervention.**
- **23 states include obesity prevention in training for ECE providers who participate in CACFP.**

Definition and Rationale

CACFP is a federal nutrition assistance program of the US Department of Agriculture (USDA) that is administered through grants to states. It provides more than $2 billion in reimbursement for eligible meals and snacks served to more than 3.4 million US children.[12] CACFP provides a substantial portion of many children's daily food intake. In 2015, a total of 62,000 child care centers and more than 115,000 family child care homes participated in the program.[13] CACFP regulates meal patterns and portion sizes, provides nutrition education, and offers sample menus and training in meal planning and preparation to help ECE providers comply with nutrition standards. In April 2016, USDA released updated meal pattern requirements, which will take effect on October 1, 2017. These requirements will help ensure that children who participate in CACFP have access to healthy, balanced meals and snacks throughout the day.[14]

The federal CACFP standards set minimum nutritional requirements that ECE providers must meet to be reimbursed for the meals and snacks they serve. States can also encourage ECE providers who participate in CACFP to meet enhanced nutrition standards that go beyond the federal requirements. For example, since 2008, New York has had the Healthy Infant and Healthy Child Meal Pattern initiative.[15] The initiative requires providers participating in CACFP to serve only unflavored milk to children younger than 5 years, limits servings of juice to once per day and serve sweetened grain products no more than twice a week compared to the federal standards which allow flavored milk to be served to children age 2 and older, multiple servings of juice per day and sweetened grain products at snack or breakfast. This report found that 29 states encourage ECE



providers who participate in CACFP to follow enhanced nutritional standards.

States can also embed support for obesity prevention into their CACFP by promoting or providing a specific ECE obesity prevention intervention to ECE providers who participate in CACFP. States may develop and brand their own intervention or adopt an existing one. Interventions can be comprehensive or focus on one aspect of obesity prevention, such as breastfeeding support or nutrition. Nineteen states promote or provide an ECE obesity prevention intervention (see Facility-Level Interventions for more information). States can also add obesity prevention topics such as nutrition, physical activity, breastfeeding support, and screen time to their existing CACFP training, and 23 states have done so.

Data source: Survey to state CACFP directors.

Quality Rating and Improvement System (QRIS)

Data Summary (2 Indicators)

- **39 states report having a QRIS.**
- **29 states have included obesity prevention topics in their QRIS standards.**

Definition and Rationale

A Quality Rating and Improvement System (QRIS) is a systematic approach to assessing, communicating, and improving quality in early childhood and school-age care and education programs. Through their QRIS, states set criteria for what constitutes higher quality of care and use

a rating system with a specific symbol to communicate how well participating ECE facilities meet these criteria. Many states adopt a "star" rating system, with more stars indicating higher quality. States have incorporated obesity prevention into their QRIS in a variety of ways. For example, some states include standards that require or encourage ECE providers who participate in QRIS to conduct a systematic assessment of their obesity prevention policies and practices. Others have included specific nutrition, physical activity, breastfeeding, and screen time topics into their QRIS standards. States can also include obesity prevention topics in their educational materials or in the materials and resources that ECE providers receive as part of QRIS training.

The first indicator in this section reflects whether or not state public health staff reported having a statewide QRIS system in 2015, and 39 did. States who reported that their QRIS was either undergoing piloting or revision are noted in the table. The second indicator shows whether the state has included obesity prevention into state QRIS standards. Of the 39 states with QRIS, 29 have included obesity prevention topics in their QRIS standards.

Data source: Survey of state health department staff.

Stories from the Field

Colorado

Colorado's Healthier Meals Initiative (HMI) developed recommendations to help ECE providers make simple changes to their food and drink options to improve the diets of the children they serve. The state's Child and Adult Care Food Program (CACFP) raised nutritional standards for ECE providers as part of this initiative, and ensured that the changes were considerate of key factors important to ECE providers such as cost and ease of preparation. CACFP also created a Healthier Meals for Healthier Kids tool kit for ECE centers participating in CACFP. The tool kit includes information on the CACFP requirements, a culinary resources, food safety information, a cook's guide, classroom activities and music, and a menu and recipe guide. HMI created a policy memo to explain how the new standards help reduce sodium and saturated fat in ECE meals and increase intake of whole fruits and vegetables instead of juice and whole grains for children in ECE settings.

The new standards are supported by state CACFP sponsoring organizations, local public health agencies, Colorado's child care licensing agency, and other early childhood partners. Colorado CACFP also partnered with Cooking Matters, a non-profit organization that helps families cook healthy meals on a budget, to provide cooking instructions and trainings to ECE providers. A review of 639 ECE providers in Colorado that participate in CACFP found that 95.2% meet the policy to increase whole grains, 98.5% meet the policy to limit juice intake, and 94.7% meet the policy to reduce processed meat intake. This initiative shows how state and local agencies and organizations can work together to support early childhood obesity prevention.

South Carolina

In 2012, ABC Quality, South Carolina's Quality Rating and Improvement System (QRIS), adopted new obesity prevention standards for child care centers as a way to promote nutrition and physical activity in the ECE setting. Through collaboration and consultation with key stakeholders and experts in the state, 14 nutrition and 13 physical activity standards were adopted, potentially affecting about 85,000 children who are served by ECE providers in South Carolina. Currently, ABC Quality is working to establish similar nutrition and physical activity standards for participating family and group child care homes. These efforts will help to ensure a higher quality of child care for all South Carolina children.

Table 1. Early Care and Education Policy and System Indicators, by State, 2016

	Licensing and Administrative Regulations		Child and Adult Food Care Program (CACFP)			Quality Rating and Improvement Systems (QRIS)		Professional Development
State	No. of standards in licensing regulations (out of 47 possible. 2014)	Included obesity prevention components in state licensing updates, 2011–2014	State encourages enhanced nutrition standards in state CACFP	CACFP program promotes or provides specific obesity prevention intervention	Obesity prevention incorporated into existing CACFP trainings	Statewide QRIS	QRIS has obesity prevention standards	Availability of online professional development training
AL	9	No recent updates	No	No	No	Yes	Yes	Yes
AK	10	No recent updates	Yes	Yes	Yes	QRIS In progress	N/A	Yes
AZ	6	Yes	Yes	No	No	Yes	Yes	Yes
AR	6	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CA	8	Yes	*	*	*	No	N/A	*
CO	3	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CT	2	No recent updates	Yes	*	No	QRIS In progress	N/A	No
DE	13	No recent updates	Yes	No	No	Yes	Yes	Yes
DC	2	No recent updates	Yes	Yes	Yes	Yes	No	Yes
FL	3	Yes	Yes	Yes	Yes	No	N/A	Yes
GA	3	Yes	Yes	No	No	Yes	Yes	No
HI	8	No recent updates	No	No	No	No	N/A	*
ID	0	No recent updates	Yes	No	No	Yes	Yes	*
IL	7	Yes	Yes	Yes	No	Yes	Yes	Yes
IN	0	No recent updates	Yes	*	*	Yes	Yes	Yes
IA	8	Yes	Yes	Yes	Yes	Yes	Yes	Yes
KS	1	Yes	No	No	No	QRIS In progress	N/A	Yes
KY	3	Yes	No	No	No	Yes	No	Yes
LA	8	No recent updates	No	No	No	QRIS In progress	N/A	No
ME	6	No recent updates	No	Yes	No	Yes	No	Yes
MD	7	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MA	8	No recent updates	No	No	Yes	Yes	Yes	Yes
MI	7	Yes	No	No	No	Yes	Yes	Yes
MN	5	No recent updates	No	Yes	Yes	Yes	Yes	Yes
MS	15	Yes	*	*	*	Yes	Yes	Yes
MO	5	No recent updates	Yes	Yes	Yes	No	N/A	Yes
MT	7	No recent updates	No	Yes	Yes	Yes	Yes	Yes
NE	4	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NV	3	Yes	Yes	No	No	Yes	Yes	Yes
NH	6	No recent updates	No	No	Yes	Yes	No	Yes
NJ	1	Yes	Yes	No	Yes	Yes	Yes	Yes
NM	10	Yes	Yes	No	No	Yes	Yes	No
NY	4	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NC	13	Yes	No	No	Yes	Yes	No	Yes
ND	13	Yes	No	No	Yes	Yes	Yes	Yes
OH	7	No recent updates	No	No	No	Yes	No	Yes
OK	2	No recent updates	No	*	No	Yes	Yes	Yes
OR	6	No recent updates	No	No	No	Yes	Yes	Yes
PA	4	No recent updates	No	Yes	Yes	Yes	Yes	Yes
RI	10	Yes	No	No	No	Yes	No	No
SC	6	No recent updates	Yes	Yes	Yes	Yes	Yes	Yes
SD	2	No recent updates	Yes	*	No	No	N/A	Yes
TN	1	No recent updates	Yes	*	*	Yes	No	Yes
TX	13	Yes	Yes	No	No	Yes	Yes	Yes
UT	0	No recent updates	Yes	Yes	Yes	Yes	Yes	Yes
VT	4	No recent updates	Yes	Yes	Yes	Yes	No	Yes
VA	7	No recent updates	No	No	Yes	QRIS In progress	N/A	Yes
WA	7	Yes	Yes	No	Yes	Yes	No	Yes
WV	5	Yes	Yes	Yes	No	No	N/A	Yes
WI	9	No recent updates	No	No	No	Yes	Yes	Yes
WY	3	Yes	Yes	No	No	QRIS In progress	N/A	No

a Indicators are from CDC's Spectrum of Opportunities *for Obesity Prevention in the Early Care and Education Settings. Data are from surveys of state employees and publicly available sources.*
*b * Missing data or a survey response of "I don't know"*
c Abbreviations used in this section are F = financial, TA = technical assistance, M = materials, and O = other

Table 1 (cont.). Early Care and Education Policy and System Indicators, by State, 2016

	Facility-Level Interventions		Healthy Environments	Emerging Opportunities and Process Indicators				
State	Statewide ECE obesity prevention intervention	Benefits or incentives provided for participation in obesity prevention intervention[c]	Support for Farm to ECE	ECE recognition or designation program	State Group or Task Force	Length of time state has been working to address ECE obesity prevention	State has a comprehensive chronic disease or nutrition and physical activity plan	State includes ECE setting in its comprehensive plan
AL	Get Moving Alabama, Let's Move Child Care (LMCC)	*	*	Yes	Yes	<2 years	Yes	No
AK	ECE Obesity Quality Initiative	F/TA/M	state agency time & funds/coalition	No	Yes	3–5 years	Yes	Yes
AZ	Empower Program	F/TA/M/O	state agency time & funds	Yes	No	6–10 years	Yes	Yes
AR	NAP SACC, Healthy Habits for Life, FIT Kids, Cooking Matters	F/TA/M/O	*	No	Yes	6–10 years	Yes	Yes
CA	SHINE, Painting Preschool Playgrounds for Movement	TA/M	state agency time/coalition/local initiatives	Yes	Yes	6–10 years	Yes	Yes
CO	Healthier Meals Initiative, ECOP in ECE, 5210, NAP SACC	F/TA/M	state agency time/local initiatives	No	Yes	3–5 years	Yes	Yes
CT	NAP SACC, I Am Moving, I Am Learning (IMIL)	F/TA/M/O	local initiatives	No	Yes	<2 years	Yes	Yes
DE	GO NAP SACC	O	local initiatives	*	*	3–5 years	Yes	No
DC	Promoting Lifelong Activity In Youth (P.L.A.Y) Program	TA/M	state agency time & funds/coalition	Yes	Yes	3–5 years	Yes	Yes
FL	LMCC	TA	state agency time & funds	Yes	Yes	3–5 years	Yes	Yes
GA	Growing Fit	TA/M/O	state agency time & funds, coalition	Yes	Yes	<2 years	Yes	Yes
HI	LMCC	M	state agency time & funds	No	Yes	<2 years	Yes	Yes
ID	LMCC	TA/M	local initiatives	*	Yes	3–5 years	Yes	Yes
IL	NAP SACC	F/TA/M	local initiatives	No	No	3–5 years	Yes	No
IN	NAP SACC	F/TA/M/O	state agency time/coalition/local initiatives	Yes	Yes	3–5 years	Yes	Yes
IA	NAP SACC	F/TA/M	state agency time & funds	Yes	No	>10 years	Yes	Yes
KS	No specific program promoted	N/A	coalition/local initiatives	Yes	Yes	<2 years	Yes	No
KY	NAP SACC, LMCC, 5210 toolkit, Color Me Healthy (CMH), IMIL	F/TA/M	coalition	No	Yes	3–5 years	Yes	Yes
LA	GO NAP SACC	TA/M/O	local initiatives	Yes	No	6–10 years	*	N/A
ME	GO NAP SACC	F/TA/M/O	local initiatives	No	Yes	6–10 years	Yes	Yes
MD	NAP SACC, LMCC	TA/M	state agency time	Yes	No	6–10 years	Yes	Yes
MA	Mass Children at Play	TA/M	state agency time/local initiatives	*	Yes	6–10 years	Yes	Yes
MI	Michigan NAP SACC	TA/M	coalition/local initiatives	No	Yes	6–10 years	Yes	Yes
MN	Catch EC, Supporting Breastfeeding in Child Care, IMIL, LMCC	F/TA/M	state agency time & funds/local initiatives	No	Yes	6–10 years	Yes	Yes
MS	Color Me Healthy (CMH)	M	coalition	No	Yes	3–5 years	Yes	Yes
MO	Eat Smart and MOve Smart Child Care	TA/M	state agency time & funds	Yes	Yes	6–10 years	Yes	Yes
MT	IMIL	TA/M	local initiatives	*	Yes	3–5 years	Yes	Yes
NE	GO NAP SACC	F/TA/M	*	No	Yes	6–10 years	Yes	Yes
NV	LMCC	TA/M	state agency funds/coalition	Yes	Yes	3–5 years	Yes	Yes
NH	GO NAP SACC	F/TA/M	*	Yes	Yes	6–10 years	yes	Yes
NJ	Early Care and Education Learning Collaboratives (ECELC)	F/TA/M	state agency time	No	Yes	6–10 years	Yes	Yes
NM	Healthy Kids Healthy Childcare, ECE Wellness Program, 5210	TA/M	local initiatives	Yes	No	3–5 years	Yes	Yes
NY	Eat Well Play Hard in Child Care & Day Care Homes	TA/M	state agency time & funds/coalition	Yes	Yes	>10 years	Yes	Yes
NC	NAP SACC, CMH, Be Active Kids, Preventing Obesity by Design	F/TA/M	state agency time/coalition	Yes	Yes	>10 years	Yes	Yes
ND	Healthy Eating Active Play	TA/M	state agency time & funds	No	Yes	3–5 years	Yes	Yes
OH	OH Healthy Program, Healthy Children Healthy Weights	TA/M/O	local initiatives	Yes	Yes	<2 years	Yes	Yes
OK	GO NAP SACC	TA/M/O	local initiatives	Yes	No	3–5 years	Yes	No
OR	IMIL	No benefits	local initiatives	No	No	6–10 years	Yes	Yes
PA	PA NAP SACC, Keystone CMH, IMIL, LMCC	F/TA/M	local initiatives	No	Yes	>10 years	Yes	Yes
RI	IMIL	M	*	No	No	3–5 years	Yes	Yes
SC	Eat Smart, Move More, Grow Healthy	TA/M	state agency time & funds/coalition	Yes	Yes	>10 years	Yes	Yes
SD	FitCare	TA/M	*	No	Yes	6–10 years	Yes	Yes
TN	Gold Sneaker Initiative	TA/M	state agency funds	Yes	Yes	6–10 years	Yes	Yes
TX	No specific program promoted	N/A	state agency time & funds	Yes	Yes	3–5 years	Yes	Yes
UT	TOP Star	TA/M/O	state agency time/coalition	Yes	Yes	6–10 years	Yes	Yes
VT	NAP SACC	F/TA	local initiatives	*	Yes	6–10 years	Yes	Yes
VA	GO NAP SACC, ECELC, LEAP, IMIL, Al's Pals	F/TA/M	local initiatives	No	Yes	3–5 years	Yes	No
WA	No specific program promoted	N/A	state agency funds/local initatives	No	Yes	6–10 years	Yes	Yes
WV	NAP SACC, IMIL	F/TA/M	local initiatives	No	Yes	6–10 years	Yes	Yes
WI	Active Early, Healthy Bites	TA/M/O	state agency time & funds, local initatives	Yes	Yes	6–10 years	Yes	Yes
WY	No specific program promoted	N/A	state agency time & funds/coalition	No	No	<2 years	No	N/A

a Indicators are from CDC's Spectrum of Opportunities *for Obesity Prevention in the Early Care and Education Settings. Data are from surveys of state employees and publicly available sources.*
*b * Missing data or a survey response of "I don't know."*
c Abbreviations used in this section are F = financial, TA = technical assistance, M = materials, and O = other

Washington

The Governor's Healthiest Next Generation initiative is Washington's innovative public-private partnership to improve children's health. The goal is to help children be more active and eat better. It includes a multidisciplinary Healthiest Next Generation Council with representatives from state agencies, nongovernmental organizations, community organizations, and businesses to advance policy and system recommendations. A cross-agency team of staff from the state's departments of health, early learning, and K-12 education works with public and private partners to make the recommendations a reality. An Early Learning Workgroup led by the state's Childhood Obesity Prevention Coalition works with this team to integrate best practices for child nutrition, physical activity, and screen time into the state's child care licensing and quality standards. These collaborative efforts are improving the health of the 157,000 Washington children in licensed child care centers and the 11,600 children being served by other ECE providers or Head Start.

Maryland

The efforts of the Maryland Department of Health and Mental Hygiene to support healthier environments in ECE settings are guided by CDC's *Spectrum of Opportunities for Obesity Prevention in the Early Care and Education Setting*. Using this document as a road map, the department reached out to key stakeholders in charge of state licensing, professional development, technical assistance, and quality rating and improvement. As a result, obesity prevention has been incorporated into state licensing requirements, affecting nearly 220,000 children, and into professional development, reaching more than 1,000 child care providers with training on best practices.

In addition, the state has developed standardized training materials for use by local health departments and cooperative extension educators and has incorporated several best practices into its Quality Rating and Improvement System. Maryland has successfully created healthier ECE environments through extensive collaboration with state partners. This collaboration promotes sustainable changes by embedding obesity prevention into many key areas of the state's ECE system.

Professional Development

Data Summary (1 Indicator)

- **42 states offer online professional development training that covers obesity prevention topics to ECE providers in their state.**

Definition and Rationale

Professional development refers to ongoing professional training for ECE providers. States typically establish professional development requirements in licensing regulations, but they can also include these requirements in their QRIS. Few states have professional development requirements specific to obesity prevention. Instead, they cover health and safety topics broadly, giving ECE providers a great deal of choice regarding specific topics. By offering online training on primary obesity prevention topics, states can help ECE providers overcome barriers to completing professional development requirements, especially barriers related to scheduling and distance or travel constraints.

Forty-two states make it possible for ECE providers to meet professional development requirements through online training. Several states accept credits from Pennsylvania State University's Better Kid Care program,[15] which hosts a variety of online, on-demand trainings, including six modules specific to obesity prevention. Other states offer their own professional development credits online.

Data sources: Publicly available list of states that accept Better Kid Care modules[16] for professional development credit and a survey of state health department staff.

Facility-Level Interventions

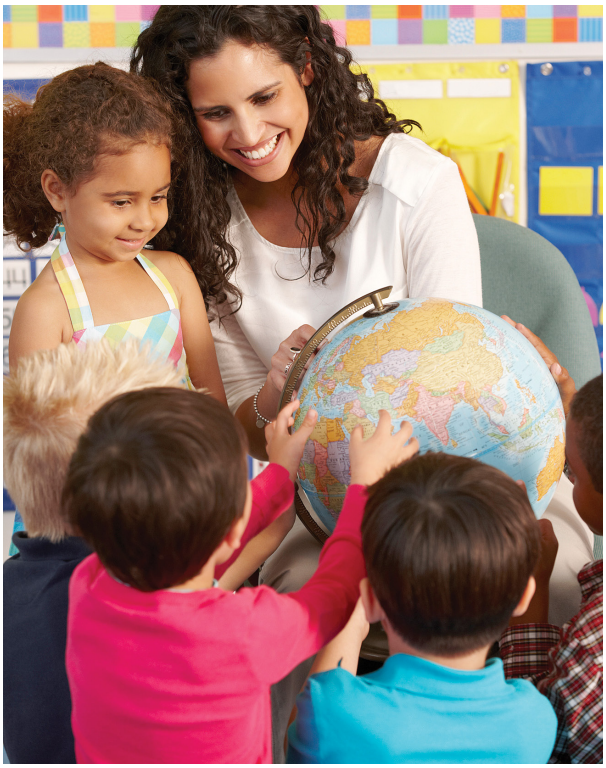
Data Summary (2 Indicators)

- **47 states promote or provide a specific ECE obesity prevention intervention.**
- **The majority of states (45/47) provide some type of benefits or incentives to ECE providers who participate in the ECE obesity prevention intervention. Materials and technical assistance are the most common benefits.**

Definition and Rationale

Facility-level interventions are any program or initiative that includes a defined set of activities that take place in ECE facilities. Interventions may seek to alter policies and practices within the ECE facility itself, or they may support behavior change in children and ECE staff directly. Interventions can be comprehensive or focus on only one aspect of obesity prevention. Numerous facility-level interventions for obesity prevention are available, and they range from interventions that include a single component (e.g., a curriculum) to ones that have multiple reinforcing components.

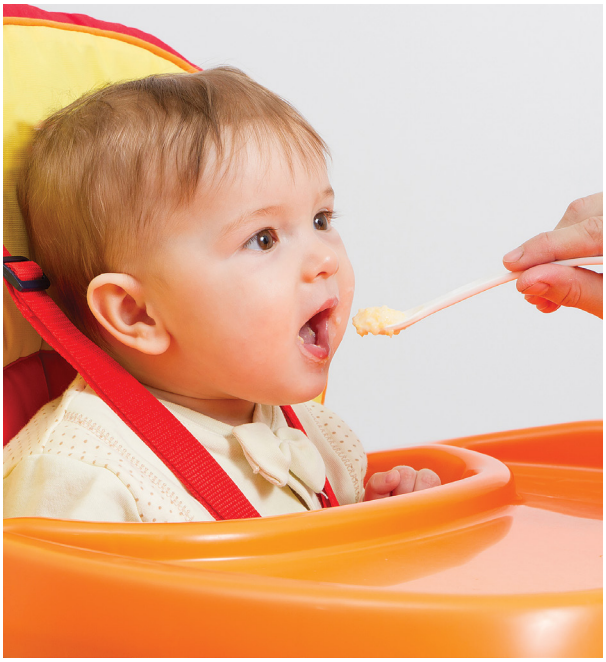
The promotion of a specific obesity prevention intervention or program statewide by a state agency (or agencies) has the potential to improve access and provide support and training to all ECE providers in that state, especially when the intervention has little or no cost. Multicomponent interventions can promote the adoption of an improved nutrition, physical activity, breastfeeding, or screen time policy and then support ECE providers to



implement the policy through curriculum and professional development training. Forty-seven states promote and/or provide a specific ECE obesity prevention intervention.

Offering benefits or incentives to ECE providers who participate in an intervention can help expand the intervention's reach. Types of benefits include financial incentives, technical assistance, and free or low-cost materials. See the Table for more information about specific interventions used by states, as well as the types of benefits they provide. The majority of states (45/47) provide some type of benefits or incentives, and materials and technical assistance are the most common benefit.

Data Source: Survey of state health department staff.



Access to Healthy Environments

Data Summary (1 Indicator)

- **45 states support "farm to early care and education" (F2ECE) programs through state or local activities.**

Definition and Rationale

Adding obesity prevention standards to state ECE systems helps make ECE settings healthier for children. However, without access to affordable nutritious food and drinks and safe indoor and outdoor spaces for active play, ECE providers may struggle to meet these standards. States can promote access to healthy environments for children in several ways, including farm-to-ECE programming (F2ECE). F2ECE is broadly defined as activities that connect ECE providers to local food producers, increase the use of local foods, and provide food-based education activities in ECE. This program can increase the ability of ECE providers to serve healthy meals and snacks. It can also provide hands-on opportunities for young children to learn about nutrition, agriculture, and health.

Examples of state support for F2ECE programming include state F2ECE coalitions or food policy councils, staff agency time dedicated to support F2ECE activities, and state funding for F2ECE promotional or support activities. Some local areas are also supporting F2ECE activities on their own, without state coordination. This report found that 45 states support F2ECE programs through state or local activities.

Data Source: Survey of state health department staff.

Emerging Opportunities and Process Indicators

Data Summary (4 Indicators)

- **24 states have a recognition or designation program for ECE providers, such as Healthy Child Care Center or Breastfeeding Friendly Child Care.**
- **40 states have a group or task force that includes state agency staff members who meet regularly to address obesity prevention in ECE settings.**
- **26 states have been working for 6 or more years to address obesity prevention in ECE settings.**
- **43 states include the ECE setting in their comprehensive state plan for addressing chronic disease or nutrition and physical activity.**

Definition and Rationale

CDC's *Spectrum of Opportunities* framework describes 10 ways that states can embed obesity prevention into their state ECE system. It also includes an 11th indicator that encourages states to pursue emerging opportunities and innovation. This report includes the use of a recognition or designation program as an example of an emerging opportunity. Such programs are typically voluntary, and ECE providers must meet predetermined criteria on a particular topic to receive recognition or designation. Twenty-four states have a recognition or designation program for ECE providers, such as Healthy Child Care Center or Breastfeeding Friendly Child Care.

This report also adds three process indicators to give further context for state ECE activities. These indicators provide important information about what is happening at the state level. They are whether a state has a state group or task force to address obesity prevention in ECE settings, the length of time a state has been working to improve the ECE setting, and how ECE obesity prevention has been embedded into a state's strategic plan for addressing chronic disease or nutrition and physical activity. These types of activities can help move obesity prevention efforts forward in the ECE setting. Forty states have a group or task force that includes state agency staff members who meet regularly to address obesity prevention in ECE settings. Additionally, 26 states have been working for 6 or more years to address obesity prevention in ECE settings. Finally, 43 states include the ECE setting in their comprehensive state plan for addressing chronic disease or nutrition and physical activity.

Data Source: Survey of state health department staff.

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