

# BRIEF: Howard County Healthy Child Care

## Introduction

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The Howard County Health Department, together with key partner agencies and organizations, has developed the **Howard County Healthy Child Care** initiative. The purpose of this new program is to provide clear, consistent, and evidence-based guidance on childhood obesity prevention to child care providers, early childhood educators, and parents in Howard County. The goals of the Howard County Healthy Child Care initiative are to:

1. Increase consumption of fruits, vegetables, and nutritious foods
2. Increase the consumption of milk, water and 100% juice.
3. Eliminate the consumption of sugar-sweetened beverages (SSBs)
4. Increase physical activity
5. Limit screen time
6. Promote breastfeeding during infancy
7. Increase participation by eligible child care programs in the USDA's Child and Adult Care Food Program (CACFP).
8. Increase participation by eligible families at participating child care sites in the federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program

In June 2011, Let's Move!, the national campaign headed by First Lady Michelle Obama, launched *Let's Move! Child Care* together with the U.S. Department of Health and Human Services, the Nemours Foundation, and the National Association of Child Care Resource and Referral Agencies (NACCRRA). *Let's Move! Child Care* draws upon best practices in the field and delivers valuable resources and opportunities for child care programs to take action on childhood obesity prevention. Healthy Child Care is Howard County's local version of *Let's Move! Child Care*. The Howard County Healthy Child Care program, managed by Healthy Howard, Inc., is the cornerstone of the Healthy Child Care initiative.

Howard County's initiative has been designed for alignment with the growing body of research about the important role of child care environments in childhood obesity prevention efforts. Healthy Child Care is also tailored to the particular needs of local child care providers. Child care providers are currently required to comply with licensing regulations through the Maryland State Department of Education (MSDE). As a locally-administered program, Healthy Child Care has no bearing on the licensure or regulation of child care services in Howard County. Throughout the planning phase of this initiative, the Howard County Health Department, Office of Children's Services, and Healthy Howard have focused on developing a voluntary, high-quality program that meets the needs of local early childhood professionals without creating contradictions between Healthy Child Care and the policies and programs administered by the MSDE Division of Child Care. Another focus has been to facilitate participation in and compliance with federal nutrition programs such as CACFP and WIC among participating child care sites.

## Evidence of Need

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National research and health data illustrate clearly that obesity is a serious and burgeoning public health problem in the United States. Scientific research provides valuable information on risk factors for unhealthy weight status, prevalence and incidence of obesity/overweight for various populations, and the chronic diseases that result among both children and adults.

An ever-growing body of research and literature is also available on effective strategies to prevent obesity and promote healthy body weight. The prevention of obesity and related health problems among children and adults is a national health priority and included in *Healthy People 2020*, the nation's public health agenda for this decade. Nationally, 10% of infants and toddlers are overweight, and 20% of children

ages two to five are either overweight or obese.<sup>1</sup> Over the past thirty years, the rate of obesity among preschool children in the United States has tripled, from 5% in 1971 to 14% in 2004.<sup>2</sup> Obese children are more likely to grow up to be obese adults. Overweight (i.e., pre-obese) children tend to have more severe obesity and related health problems in adulthood.<sup>3</sup> Obesity and overweight cause increased risk for major diseases, including Type 2 Diabetes and heart disease. In addition, obesity-related health problems increase health care costs and decrease worker productivity.<sup>4,5</sup> Therefore, children are an important target population for obesity prevention interventions.

There are approximately 30,000 children in Howard County five years of age and younger. Child care and early childhood educational settings in Howard County have the combined capacity to serve over close to 20,000 children, or 2 of every 3 young children. These settings include 85 child care centers, 430 family child care programs, 3 Head Start centers, 36 nursery schools, and a number of public Pre-K and Kindergarten programs. In addition, there are 106 licensed after school programs.<sup>6</sup>

Currently, relevant federal and state laws and policies that guide the work of key health environments (e.g., child care, schools, workplaces) are undergoing major reforms to catch up with research on obesity prevention and health promotion for both children and adults. Until the new policies are instituted, local communities and states will struggle to address the public health needs linked to obesity and chronic disease while receiving inadequate policy and regulatory guidance.

Howard County has developed the Healthy Child Care initiative in response to this “guidance gap.” Through this program, Howard County has created a local strategy for *doing what can be done now* to prevent childhood obesity. Healthy Child Care is one of seven new health policy initiatives included in the *Howard County Health and Wellness Plan: 2011-2014*. The *Howard County Health and Wellness Plan: 2011-2014* prioritizes the prevention of obesity and chronic disease and the promotion of healthy nutrition and active living. The plan is designed to spark positive shifts in the key environments where Howard County residents live, learn, work and play across the lifespan. It aligns with the Maryland Department of Health and Mental Hygiene’s State Health Improvement Process (SHIP) and the key components of the federal Patient Protection and Affordable Care Act (ACA). The Howard County Health Department will work with its partners and funders to ensure that Healthy Child Care and the other initiatives included in the *Howard County Health and Wellness Plan* remain up-to-date and consistent with federal and state policies.

Healthy Child Care is based on widely available research on the connections between healthy child development and positive health status in later stages of life. Early childhood (birth to age five), is a particularly critical developmental stage for establishing life-long behaviors. Young children are completely dependent on parents and other caregivers for the provision of their developmental needs and outcomes and a strong start on healthy behaviors. Early childhood environments – typically home and/or child care or early childhood settings – are the primary settings for the learning and practices of behaviors related to nutrition and physical activity. Numerous scientific studies and policy reports have identified child care environments as key settings for childhood obesity prevention interventions.<sup>7, 8, 9, 10</sup>

## **Current State and Federal Policy**

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Child care and early childhood programs in Howard County are operated by various county agencies and private organizations. Licensed child care in Maryland is regulated by the Maryland State Department of Education (MSDE) Division of Child Care. COMAR Title 13A Subtitle 15 provides the regulations for Family Child Care, and COMAR Title 13A Subtitle 16 provides the regulations for Child Care Centers.

As mentioned previously, significant policy reforms are in progress at the federal and state levels to bring national policies in line with national health priorities. At the federal level, the U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) are implementing significant reforms specifically aimed at improving national efforts to prevent obesity and chronic disease and promote healthy eating and active living. Many components of the federal health care reform law, the Affordable Care Act passed in March 2010, address preventive health, chronic disease prevention, and wellness promotion. The Healthy and Hunger Free Kids Act of 2010 (HHFKA), which amended the Richard B. Russell

National School Lunch Act and the Child Nutrition Act of 1966, allows for much-needed reform in child nutrition programs and school health.<sup>11</sup> In December 2010, the USDA and HHS released the new *2010 Dietary Guidelines for Americans* to provide consistent recommendations and guidance at the federal level for nutrition-related activities such as developing educational materials and aiding policymakers in designing and carrying out nutrition-related programs, including Federal nutrition assistance and education programs. Also part of the *2010 Dietary Guidelines for Americans* has been the introduction of MyPlate to replace MyPyramid as the graphic representation of USDA nutritional standards.<sup>12</sup> First Lady Michelle Obama’s national program, Let’s Move!, has also played an important role in advocating for new and stronger efforts to prevent obesity among Americans.

Specific to promoting healthy behaviors in child care settings, Maryland regulations currently provide minimal guidance. In fact, a 2008 report evaluating state child care regulations gave Maryland a “C” grade for state regulations on healthy eating and physical activity in child care.<sup>13</sup> The table below provides a summary of Maryland’s existing regulatory provisions for food, beverages, physical activity, screen time, and breastfeeding in child care settings.

**Table 1: Maryland Child Care Regulations (as of March 2011)**

CATEGORY		Family Child Care (COMAR Title 13A, Subtitle 15)	Child Care Centers (COMAR Title 13A, Subtitle 16)
<b>FOOD</b>			
	General	Meals and snacks prepared by provider and/or parent	Meals and snacks prepared by provider and/or parent
	Nutritional Standards	All food furnished by the provider must comply with USDA guidelines set under the Child and Adult Care Food Program (CACFP).*	All food furnished by the provider must comply with USDA guidelines set under the Child and Adult Care Food Program (CACFP).*
<b>BEVERAGES</b>			
	Nutritional Standards	All food furnished by the provider must comply with USDA guidelines set under the Child and Adult Care Food Program (CACFP).	All food furnished by the provider must comply with USDA guidelines set under the Child and Adult Care Food Program (CACFP).*
	Milk Requirement	None	Serve milk at all meals. Note: Whole milk for infants and toddlers not drinking breastmilk/formula. Can substitute skim/lowfat milk with parent or health care provider permission.
	Water	None	Safe drinking water must be available and accessible for children over age 2 years.
	Sugar-sweetened Beverage Restrictions	None	None
<b>PHYSICAL ACTIVITY</b>			
	Outdoor Play Time Requirement	None	Daily, morning and afternoon (for full-time programs)
<b>SCREEN TIME</b>			
	Restrictions	None	None
<b>BREASTFEEDING</b>			
	Infants	None	None

\* For more information on CACFP Meal Requirements: [http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal\\_Patterns.htm](http://www.fns.usda.gov/cnd/Care/ProgramBasics/Meals/Meal_Patterns.htm)

Beyond regulatory requirements for child care programs, MSDE currently offers voluntary quality improvement and professional development opportunities to regulated child care providers/programs. These include the Credentialing, Accreditation, and Tiered Reimbursement programs, the Maryland Model for School Readiness, and a new quality improvement program called Maryland EXCELS.<sup>14</sup>

The Maryland Model for School Readiness (MMSR) is an assessment and instructional system to provide early childhood educators, parents, and providers with a clear set of guidelines and indicators for seven categories of school readiness. These are 1) social and personal development, 2) language and literacy, 3) mathematical thinking, 4) scientific thinking, 5) social studies, 6) the arts, and 7) physical development and health.<sup>15</sup> The MMSR is available for use by child care providers and early education programs. It is required to be used by any publicly-funded program (e.g., Head Start, Pre-K, and Kindergarten).

In 2012, Maryland will be implementing a new Quality Rating System called “Maryland EXCELS” for licensed child care centers and family providers. Maryland EXCELS provides a rating system based on standards in the following categories: Licensing/Compliance; Staffing and Professional Development; Rating Scale/Accreditation; and Developmentally Appropriate Learning and Practice/Child Assessment. The draft standards incorporate language on specific healthy practices such as screen time restrictions, including health, wellness, and physical fitness in curricula, and participation in the federal Child and Adult Care Food Program (CACFP).

## **Program Overview**

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The Healthy Child Care program is a voluntary program administered at the local level by Healthy Howard, Inc. in collaboration with the Howard County Health Department and the Howard County Office of Children’s Services. As such, participation in the program is separate from those administered by the Maryland State Department of Education (MSDE), the state agency responsible for licensing child care in Maryland.

All licensed child care programs (i.e., both child care centers and family child care sites), as well as other licensed early childhood educational programs (e.g., nursery schools), will be invited to participate in the Howard County Healthy Child Care initiative. Benefits of participation for child care providers include: increased access to technical assistance and resources from local and national sources, financial assistance for training and professional development, the opportunity to earn Professional Activity Units (PAU’s) from MSDE, increased visibility in the local community, “Healthy Howard - Healthy Child Care” marketing materials and opportunities, and new partnership opportunities with schools, workplaces, and other community organizations participating in Healthy Howard programs.

Applications for participation in the Howard County Healthy Child Care initiative will be available annually, starting in December 2011. The program will run in one-year cycles, from January through December. The criteria for participation are:

1. Evidence of compliance with Maryland State Department of Education (MSDE) requirements for child care licensing under COMAR 13A Subtitle 15 (Family Child Care) or COMAR 13A Subtitle16 (Child Care Centers)
2. Operate in Howard County
3. Completion of the one-page program application and affidavit
4. Agree to 1-2 site visits a year

Increasing access to training, technical assistance, and professional development for child care programs is an important part of Healthy Child Care’s mission. Local stakeholders have identified this as a need, and national data support this assessment. According to a 2011 report by the National Association of Child Care Resource & Referral Agencies (NACCRRA), child care providers and the organizations that support their work report significant obstacles to accessing health-related training and professional development. Currently, lack of financial support for training is the most significant barrier, and most child care providers

expect to see a decline in funding for health-related training and programs in the future. Additional barriers include providers' lack of awareness of available trainings and the lack of convenient training delivery models.<sup>16</sup> To respond to these obstacles and unmet needs, the Office of Children's Services will offer two new 3-hour trainings to local child care providers on nutrition education and physical activity starting in January 2012. Child care providers participating in Healthy Child Care will be required to complete at least one of these trainings. The Howard County Health Department, Healthy Howard, Inc., and the Office of Children's Services will work closely to provide continuous training and technical assistance to child care providers through meetings, conferences, newsletters, and other outreach and communications strategies.

The progress of participating programs will be measured over a one year period. Programs will reapply each year to maintain their status as a participating program. Programs will be recognized for their progress towards goals set under each of the program's seven goals. Participating programs that achieve specific benchmarks in each goal area will be further recognized as a "Healthy Child Care Program."

Program evaluation will be based on process and outcome data that measure the program's impact in each of the program's goal areas. Data will be collected from applications, initial and final versions of the *Let's Move! Child Care Checklist*<sup>17</sup> completed by each participating program, site visits, trainings, and outreach and education activities. The checklist will serve as a program evaluation instrument for measuring the efforts and outcomes of child care programs participating in the Healthy Child Care program. It will also serve as a general educational and community outreach resource for other early childhood professionals, parents, local and state policymakers, and health care providers.

## **Program Management**

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The Howard County Health Department is the lead agency for the initiative. Key partners include Healthy Howard, Inc., Howard County Department of Citizen Services, Howard County Office of Children's Services, Howard County Family Child Care Association, Howard County Department of Recreation and Parks, Community Action Council of Howard County, Howard County Public Schools System, The Y of Central Maryland, Columbia Association, Howard Community College, and the Maryland Chapter, American Academy of Pediatrics.

Healthy Howard, Inc. will lead the program planning and management for the Healthy Child Care initiative starting in September 2011, based on the model used for Healthy Schools, Healthy Restaurants, and Healthy Workplaces. HHI will need a minimum of 0.5FTE staff resources to implement and manage this new program. Additional state or private foundation funding may be sought for the implementation and evaluation of the program.

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## Sources

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- <sup>5</sup> *Early Childhood Obesity Prevention Policies: Goals, Recommendations, and Potential Actions*. Institute of Medicine; National Research Council. 2011.
- <sup>6</sup> *Child Care Demographics 2011: Howard County Report*, Maryland Child Care Resource Network & Howard County Child Care Resource Center. 2011.
- <sup>7</sup> *Promoting Good Nutrition and Physical Activity in Child-Care Settings: Research Brief*. Robert Wood Johnson Foundation. May 2007.
- <sup>8</sup> *Children's Food Environments Report* (April 2011), Centers for Disease Control and Prevention.
- <sup>9</sup> Parker L, Burns AC, Sanchez E (Eds.), *Local Government Actions to Prevent Childhood Obesity*. Institute of Medicine; National Research Council. 2009.
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- <sup>14</sup> Maryland State Department of Education (MSDE) website: [http://www.marylandpublicschools.org/MSDE/divisions/child\\_care/credentials](http://www.marylandpublicschools.org/MSDE/divisions/child_care/credentials). Accessed August 2011.
- <sup>15</sup> Maryland State Department of Education (MSDE) website: [http://www.msde.md.gov/MSDE/divisions/child\\_care/early\\_learning/MMSR](http://www.msde.md.gov/MSDE/divisions/child_care/early_learning/MMSR). Accessed August 2011.
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