



Testimony before the Committee on Children
in favor of

RB 48, An Act Concerning Nutrition Standards for Child Care Settings.

February 27, 2014

Good day Senator Bartolomeo, Representative Urban and members of the Committee on Children. My name is Lucy Nolan and I am the Executive Director of End Hunger Connecticut!, a statewide anti-hunger and food security organization. In that position I sit on the steering committee of the Connecticut Coalition Against Childhood Obesity, which is supported by 30 organizations. We back priority policies that will improve nutrition and physical activity in schools, child care settings, and communities that are based on best practices; are likely to reduce the incidence of childhood obesity, have a positive impact on children's health; and are achievable through policy, regulation and other reform actions. We are in support of RB 48, An Act Concerning Nutrition Standards for Child Care Settings.

On Tuesday we heard some good news about childhood obesity, in a study in the Journal of the American Medical Association, published on Wednesday announced a 43% drop in obesity rates of childhood obesity in children ages 2 – 5. This is the first time there has been a decrease in obesity rates. In 2012 8% of that population was obese down from 14% in 2004.

Currently, one-third of all adults and 17% of youth are obese. This legislation is clearly on the right path to creating healthier adults.

Among the reasons given were many, but mostly centered on creating better access to healthier foods through the Special Supplement Nutrition Program for Women, Infants and Children, or WIC, and the Child and Adult Care Feeding Program, or CACFP. These programs increased access to fruits and vegetables, whole grains and water while decreasing sugary beverages and foods.

This is why this bill is so important this year. We need to continue this downward trend so the young children today will be able to ride the wave of healthier diets through their adulthood. Children who are overweight or obese as 3-5 year olds are five times more likely to be overweight or obese as adults.

Since children learn many nutrition behaviors in their early years, and also are prone to acting along with their peers it is clear that this is a venue in which public policy can make a difference. Additionally, as much as 50 to 100 percent of children's daily nutrition requirements can come from their home away from home it is critical that young children are given the right tools to carry on the rest of their lives as healthfully as possible.

Speakers at a forum the CT Coalition Against Childhood Obesity forum spoke to the point that once children develop a taste for sugar early on it is hard to break them from this habit and move them to a healthier beverage, such as water. While 100 percent fruit juice is included in the above policy the amount is limited to ensure that young children are not getting too much. It can be diluted with water to increase its volume if necessary.

This legislation starts them early down the path of healthier drinking and indicates that the state is serious about childhood obesity and asking the providers to partner in efforts to decrease childhood obesity. An added bonus will be that creating a taste for water and low-fat milk will carry through adulthood. This is the place to start.

We would ask that section e be removed. Many childcare and family care settings follow the CACFP rules for their children. CACFP is a federal program that reimburses many types of organizations, including childcare settings, for meals and snacks served based on the requirements of the USDA. Since studies show that children in CACFP receive meals that are nutritionally superior to those served in childcare settings without CACFP it would be detrimental to hinder the use of the program in anyway. Unfortunately the use of CACFP by centers and children has gone down over the years, which increases the need for a state policy on sugar-sweetened beverages and low-fat milk.

If passed this legislation supersedes the center's ability to require CACFP regulations for all beverages served to the children, whether they choose to participate in the program or not. Some parents need to be educated as to the consequences of sugary and or high fat drinks, and one way to do that is not to allow them in certain settings. These standards should apply to beverages brought in to the centers by parents. Children do not need mixed messages.

I have included a policy brief from similar legislation from California. The study shows that the legislation worked to improve the quality of the beverages served, that it was not intrusive and was supported.

If we are going to cut childhood obesity this is a step towards that goal. As mentioned above, when children are overweight or obese before age 8 there is a greater likelihood that they will be overweight or obese as adults. The ramifications of that will be carried with them throughout their lifetime. Overweight and obese children face more stigma, have issues at school and work and have self-esteem issues. The physical issues are significant as well, early onset diabetes, heart issues and a tendency towards certain cancers. We must do everything we can in our power to help our children grow up to be strong and healthy citizens.

I urge you to vote for this bill, with the removal of section 5.

Thanks you very much.

WHY REGULATE BEVERAGES IN CHILDCARE?

Beverages are a key dietary determinant of weight status in children.(1) With nearly one in four preschool-aged children overweight or obese (2), it is clear that too many children are entering school at an unhealthy weight and with unhealthy dietary habits. In 2008, a California study of licensed childcare beverages found a substantial need for improvement.(3)

WHAT IS THE CALIFORNIA HEALTHY BEVERAGES LAW?

In January 2012, a new California law (AB 2084) went into effect, requiring all licensed childcare centers and family day care homes to comply with healthy beverage standards. This is the most comprehensive statewide childcare beverage legislation in the country.

Need for Healthy Beverages Law:

On any given day, 84% of 2-5 year old U.S. children drink sugary drinks, the equivalent of 11% of their total energy intake.(4)

Healthy Beverages Law Requirements:

- Water available to children at all times, including at meals and snacks.
- Only 1% or nonfat unflavored milk served to children ages 2 and older.
- No more than 1 daily serving (in age-appropriate portion size) of 100% juice.
- No natural or artificial sweeteners added to any beverage.

HOW WAS THE LAW EVALUATED?

Researchers at UC Berkeley's Atkins Center for Weight and Health, California Food Policy Advocates, and Samuels & Associates evaluated the impact of the Healthy Beverages in Child Care law.

- The evaluation was based on two surveys of beverages provided by randomly selected licensed childcare providers before (2008; n=429) and after (2012, n=435) the law went into effect.
- In-depth interviews (n=18) with providers and licensing officials, and observations at select childcare sites (n=4) were conducted in 2012 to identify barriers to and facilitators of compliance with the law.

WHAT DID THE RESEARCH SHOW?

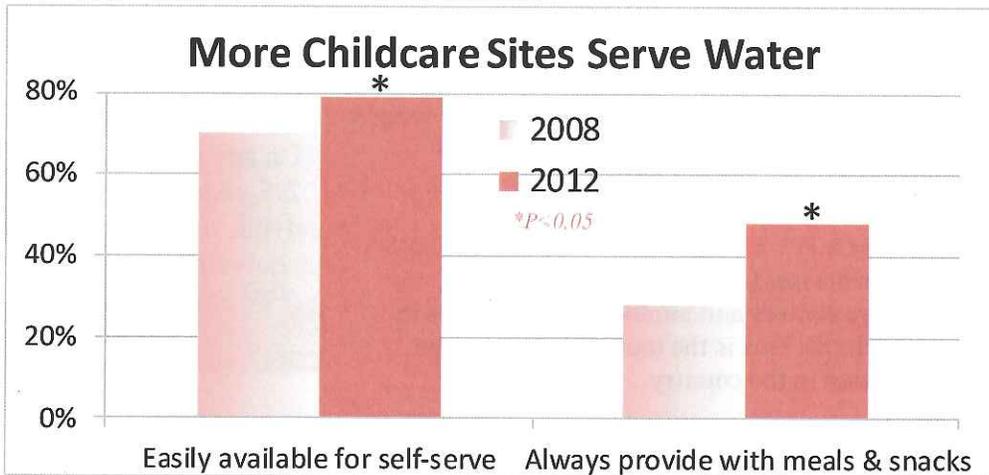
Statewide Survey

- Providers who knew about the new law generally supported its goals.
- Only 60% of childcare providers knew about the beverage standards.
- Beverage options in childcare improved from 2008 to 2012.
- There was a significant decrease in the proportion of sites serving whole milk and a significant increase in sites having drinking water easily available for self-serve indoors and outdoors, and providing water at all meals and snacks.

- A significantly smaller proportion of sites provided 100% juice more than once per day. There was also a trend (though not statistically significant) toward a smaller proportion of sites serving sugar-sweetened beverages.
- Greater compliance with the new beverage standards was reported by sites participating in the Child and Adult Care Food Program (CACFP) compared to non-participants. CACFP sites were also subject to the 2010 Healthy, Hunger-Free Kids Act requirements that water be available at all times and that only 1% or non-fat milk be served to children over two years of age.
- Few barriers to compliance with serving healthy beverages were reported by childcare providers.
- Facilitators to serving healthy beverages most often reported by childcare providers included: having a healthy beverages policy in place and providing information to families.

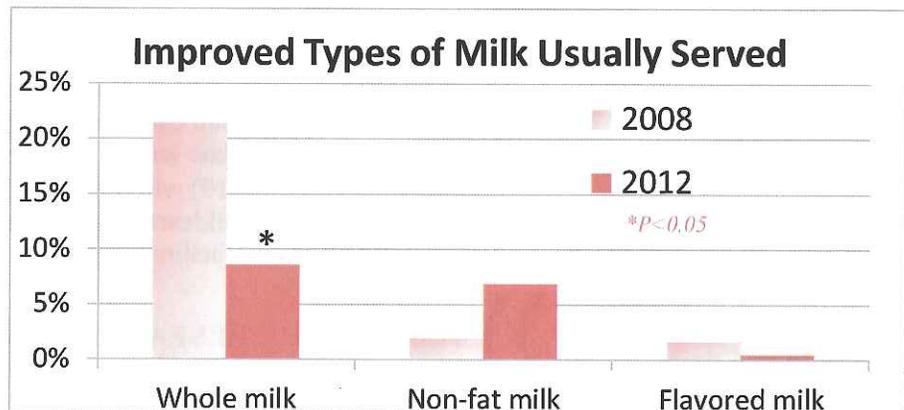
Healthy Beverages Law Impact:

After the law was implemented, beverages served in California childcare significantly improved.



"The childcare setting is a critical piece to... trying to head off the obesity epidemic. Beverages are low hanging fruit."

"We teach them that water is good for their bodies - young children need to learn this because they don't drink enough water. Introduce at a young age & it will become a lifetime habit."



In-depth Interviews and Site Observations

- Stakeholders' main concern was how the law would be enforced and by whom, and what the consequences would be for non-compliance. Another reported challenge involved the cost and availability of healthy beverages.
- Poor communication of new standards, confusion between the California law and other beverage standards, lack of provider education/understanding, and parental values and habits were reported as additional challenges in implementing the Healthy Beverages in Child Care law.
- To overcome challenges, the majority of solutions centered on the need to provide education to providers, parents and children.
- Stakeholders were unanimous that the Healthy Beverages in Child Care law was the right thing to do and were confident that, with the appropriate support, childcare providers, children and their families could implement and support the policy.

"You can make a strong statement of nutrition in a policy, but if doesn't have implementation, enforcement & support for the providers, it may not translate in changing the food environment for children."

WHAT ARE THE POLICY IMPLICATIONS OF THE LAW AND THE STUDY OF THE LAW'S APPLICATION?

1. **Make tap water easily available and accessible to children in child care throughout the day**, including on the table at meals and snacks; tap water should be the default thirst quencher.(5) (Note: Unfiltered tap water should not be used in communities where it has been deemed unsafe for drinking.)
2. **Use the research findings on the impact of California's Healthy Beverages in Child Care law to inform federal guidance** on CACFP meal pattern changes and help shape other state and local efforts to adopt healthy beverages legislation.
3. **Include healthy beverage recommendations in childcare nutrition guidance and resources** issued by USDA, state licensing and monitoring authorities, and by childcare partner organizations and childcare facilities; make these available to providers, parents and children.
4. **Require nutrition training, including a unit on healthy beverages and the benefits of tap water, as a condition of licensure and as a criterion for quality rating for childcare facilities.** Ensure opportunities for childcare providers to meet this training requirement at no or minimal cost so that cost is not a barrier to provider participation and compliance.
5. **Include healthy beverage standards in staff and parent handbooks** and require that all beverages brought from home – for meal and snack times and for celebrations – adhere to these healthy standards. Staff should adhere to the same healthy beverage standards while on duty.

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