

Child-care facilities can do more to promote healthy eating and physical activity among preschoolers

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Eating and physical activity habits for a lifetime can develop at an early age. As the use of preschool child care increases and the prevalence of childhood obesity is at an all-time high, the opportunity to positively impact eating and exercise habits within this setting presents itself. A review in the September 2011 issue of the *Journal of the American Dietetic Association* describes and evaluates research addressing opportunities and strategies for the prevention of obesity among preschool children in child-care settings. It examines the current status of state regulations, practices and policies, and interventions for promoting healthy eating and physical activity.

"Early prevention is considered to be the most promising strategy for reducing obesity and the many serious [health conditions](#) that may result as a consequence of [excessive weight gain](#) in childhood," commented lead author Nicole Larson, PhD, MPH, RD, Research Associate in the Division of Epidemiology and Community Health at the University of Minnesota. "Eating and activity behaviors formed during the preschool years have the potential to prevent obesity in the short term, and if carried into adulthood, to set the stage for a lifetime of better health. The majority of U.S. parents depend on child-care providers to support the development of healthful behaviors by providing their young children with [nutritious foods](#) and [regular physical activity](#)...Significant improvements in the eating and activity behaviors of [preschool children](#) will likely depend on the combined strength of interventions and

supportive policy changes."

Conducting a comprehensive review of the research literature, investigators from the School of Public Health, University of Minnesota, the Gillings School of Public Health, University of North Carolina at Chapel Hill, and the Duke University Medical Center identified and assessed 42 relevant studies that can serve as baselines against which future progress may be measured. These included 4 reviews of state regulations, 18 studies of child-care practices and policies that may influence eating or physical activity behaviors, 2 studies of parental perceptions and practices relevant to obesity prevention, and 18 evaluated interventions. Although research focused on the U.S., interventions implemented in international settings were also included. The review of existing evidence was funded by Healthy Eating Research, a national program of the Robert Wood Johnson Foundation.

Child-care facilities in the U.S. are primarily regulated by individual states. Each state establishes its own set of regulations for licensed child-care facilities and sets minimum enforcement standards to assess compliance. However, recent reviews indicated there is a gap between existing state regulations for child-care settings and the standards recommended by public health experts. Most states lacked strong regulations related to healthy eating and physical activity. There was strong variation among states in promoting 8 key nutrition and physical activity measures in child-care settings. For example, while Tennessee covered 6 of the 8 factors, the District of Columbia, Idaho, Nebraska and Washington had none.

Larson added: "These reviews identified a number of opportunities for enhancing state regulations by comparing existing regulations with relevant national standards and recommendations from professional groups, including the American Dietetic Association, the American Academy of Pediatrics, and the American Public Health Association."

Recent assessments of child-care settings identified through this study indicated room for improvement to the nutritional quality of foods provided to children, the amount of time children are engaged in [physical activity](#), caregiver behaviors that may discourage healthy behaviors, and missed opportunities for education. While a limited number of interventions have been designed to address these concerns, only 2 interventions showed evidence of success in reducing risk for obesity among child participants.

In an accompanying commentary, Margaret Briley, PhD, RD, LD, and Michael McAllaster, both of the Department of Nutritional Sciences, The University of Texas at Austin, discuss some of the nutritional guidelines available to the child-care provider. They note that child-care centers receiving funding from the Child and Adult Food Care Program (CACFP) must follow CACFP guidelines for healthy foods and snacks, but that those guidelines may differ from recommendations from professional associations such as the American Pediatric Association or the [American Dietetic Association](#). Nevertheless, they recognize that the child-care setting can play an important role in encouraging [healthy eating](#) habits.

According to Briley and McAllaster, "In the past 3 decades, child-care centers have replaced the family table as the learning environment for young children's food habits....America is facing the reality that many children younger than 5 years can be classified as obese or overweight. Research has found that one in three children under 5 in low income families is obese or overweight. The greatest impact on obesity can be made among this population and assure that the next generations have eating and [exercise habits](#) that support a life of good health as well as reduced medical costs. Parents must become advocates for their children's food intake and support policy changes that strengthen nutrition programs that will enable all children to eat nutritious meals and snacks that support a lifetime of good health."

More information: The article is "What Role Can Child-Care Settings Play in Obesity Prevention? A Review of the Evidence and Call for Research Efforts" by Nicole Larson, PhD, MPH, RD, Dianne S. Ward, EdD, Sara Benjamin Neelon, PhD, MPH, RD, and Mary Story, PhD, RD. The commentary is "Nutrition and the Child-Care Setting" by Margaret Briley, PhD, RD, LD and Michael McAllaster. Both articles appear in the *Journal of the American Dietetic Association*, Volume 111, Issue 9 (September 2011)

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