

## Aligning Policy with Research: Promoting Sound Nutrition in Early Childhood

Forum Summary Report, June 2016

On Tuesday, June 14, 2016 from 8:30 am-12:00 pm, the Child Health and Development Institute of Connecticut (CHDI), UConn Health Center for Public Health and Health Policy, and the UConn Rudd Center for Food Policy & Obesity hosted a forum on *Aligning Policy with Research: Promoting Sound Nutrition in Early Childhood*. Over 55 individuals including state government officials, pediatricians, early care and education providers, researchers, and advocates attended the forum at the UConn Rudd Center's office in downtown Hartford (attendee list attached). [CHDI's 2016 policy brief](#), [new Child and Adult Care Food Program \(CACFP\) nutrition guidelines](#), and [childhood obesity legislation](#) proposed in the 2016 CT legislative session provided a backdrop to discuss policy and research opportunities to ensure that every child has the opportunity to enter kindergarten at a healthy weight.

Marlene Schwartz, Director of the UConn Rudd Center, opened the forum with a brief introduction and overview of the Child and Adult Care Food Program (CACFP). CACFP is a federal food program that supports nutritious meals and snacks for infants and children in child care. Participating sites are required to follow specific nutrition standards for meals and snacks and receive funding through their state agency to support food costs. Research has documented that childcare centers that participate in CACFP provide healthier meals and snacks than those that do not participate. A variety of public or private nonprofit childcare centers, Head Start programs, before or after school care centers, and for-profit centers that serve lower income children are eligible to participate in CACFP.

Marlene shared that the United States Department of Agriculture (USDA) recently released new CACFP meal pattern guidelines. The implementation date for the new guidelines is October 1, 2017. The new meal patterns are based on the Dietary Guidelines for Americans and scientific recommendations from the National Academy of Medicine. Highlights of the new guidelines include separating the fruit and vegetable component into two categories, limiting juice to ounce per day, requiring at least one serving of whole grain-rich grains daily, and offering only low-fat milk. Marlene ended her remarks by posing three questions to attendees:

- **What will it take to ensure children in Connecticut receive optimal nutrition?**
- **What policies are needed?**
- **What research is needed?**

Marlene then introduced Tatiana Andreyeva, Associate Professor in the UConn Department of Agricultural and Resource Economics and Director of Economic Initiatives for the Rudd Center. Tania presented preliminary findings from her study of 44 non-CACFP and 46 CACFP centers in Connecticut. The study included an observation of lunch at each center and a survey of childcare center directors. The results indicate that all four required meal components (protein, milk, grain, fruit/vegetable) were present in the meals at 96% of the CACFP centers and 64% of the non-CACFP centers. CACFP centers were also more likely to serve skim or low-fat milk and vegetables.

Interestingly, half of the non CACFP childcare centers surveyed said they have never heard of CACFP, suggesting that outreach to these centers about the potential resources available through CACFP is warranted. Tania's presentation also illustrated the tremendous variability in the amount consumed by children, with calories ranging from 0 to over 1,600 for one meal. She discussed the importance of training childcare providers to encourage trying different foods, but also setting limits on calorie dense foods in order to prevent overconsumption.

Following Tania's presentation, Ann Ferris, professor emerita at UConn Health and former director of the UConn Health Center for Public Health and Health Policy, presented her research on "Obesity Prevention and Early Child care Policies". Ann began this work in 2012 with the City of Hartford's Pre-school Obesity Prevention program. She found that in Hartford in 2012, 20% of preschoolers were obese, with much higher rates among Latino children. Ann and her team collected follow-up obesity prevalence data in May and June 2016 for the City of Hartford. These data will be released soon. Recently, Ann's been working with childcare center directors on a coaching/mentoring intervention to assist centers in updating the description and implementation of wellness policies described in parent and staff handbooks.

After the research presentations, Judith Meyers, President and Chief Executive Officer of CHDI, gave an overview of the five recommendations included in the [\*Ensuring Children Grow Up at a Healthy Weight: Policy Opportunities to Prevent Obesity\*](#) brief. The policy recommendations include:

1. Increase support of breastfeeding mothers in hospitals, child care centers, and group child care homes.
2. Serve only healthy beverages in child care centers, group child care homes, and family child care homes.
3. Help child care centers and group child care homes follow good nutrition guidelines.
4. Increase physical activity time for infants and toddlers in all child care settings.
5. Protect infants and toddlers in all child care settings from "screen time".

Judith then invited five panelists to join her in a facilitated discussion. The panelists were:

1. Monica Belyea, Program Planner for Opportunity Knocks for Middletown's Young Children Collaborative and Baby Behavior Trainer for UConn Health, Center for Public Health and Healthy Policy
2. John Cattelan, Executive Director of the CT Alliance of YMCAs
3. John Frassinelli, Chief of the Bureau of Health/Nutrition, Family Services and Adult Education at the State Department of Education
4. Debra Johnson, Director of the Division of Licensing at the CT Office of Early Childhood
5. Marcia Maillard, Nutrition Consultant, at the CT State Department of Public Health.
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Panelists opening statements:

- 1 in 3 children in Connecticut are overweight or obese; this is an epidemic that calls for a public health response.
- Early childhood is the first time that children are exposed to meals outside of the home, and they may be exposed to foods they do not see at home. Some foods are palatable to most children (such as sweets) but other foods (especially vegetables) need multiple exposures before children will accept them.
- Consistent exposure to a wide variety of foods is important, as is peer interaction and watching other children try new and different foods.
- The feeding relationship between a child and his/her caregiver provides an opportunity to build trust and develop socially and emotionally.

Responses to questions from the moderator:

1. What are the barriers to CACFP participation in CT?

- Federally, the USDA oversees CACFP and program integrity has been a top priority.
- Child care centers may be fearful of the amount of work to be done (with planning, eating patterns, claims).
- Paperwork can be overwhelming for child care providers.
- The biggest hurdle for providers is having families with a range of incomes, which affects CACFP eligibility and the sliding scale. This may make it cost prohibitive for some centers to participate.
- There is also the role of licensing and the time to monitor and investigate complaints, discipline centers that do not comply, and evaluate nutrition guidelines.
- The discussion also covered the issue of equity; 37% of children in Hartford child care are obese.
- Another challenge is that meals are not reimbursed if the child is absent.
- Some childcare centers do not have the space or equipment to prepare meals or know where or how to outsource the meals or snacks.

2. What are your thoughts on obesity prevention vs. promoting positive messages?

- Parents shut down when you tell them their child is overweight.
- It is easier to get more people on board if you talk about issues in a positive light. Give parents the power to make decisions, instead of saying “We’re taking XYZ away.”
- Making connections between healthy children and better behavior and academic success.
- Have a garden on premises and teach children how to garden. Give children \$5 each and take them to the supermarket and instruct them to buy ingredients for a healthy meal.
- Make the case for breastfeeding longer than two weeks postpartum. Encourage employer supports for breastfeeding moms who go back to work.
- Ban advertising of unhealthy foods to kids at school and after school.
- Invite non-CACFP directors to learn more about the program. Even if they don’t sign up, there are great nutrition and healthy eating takeaways.
- Teach parents how to communicate with children in ways that promote social and emotional development.

3. Audience Q&A for panelists

- Question: How does Connecticut having 169 towns and 192 Boards of Education affect our programs and research areas?  
Answer: It’s a challenge, especially when some school boards manage preschools.  
Discussion ensued around county vs. town governance.
- Question: Has WIC been helpful in preparing families?  
Answer: Different programs have different strengths and the content of the counseling session from WIC is guided by the state. Parents often have specific ideas on feeding their children and solid food development is a turning point. Over 50,000 families in Connecticut are part of the WIC program and one out of every two infants born in Connecticut participates in WIC. It’s important to build partnerships with pediatricians, obstetricians, and hospitals to make a collective impact.

After the panel discussion, attendees were divided into three groups organized to provide a good cross-section of different viewpoints: researchers, advocates, providers, and government agency representatives. The groups were instructed to discuss specific actions for improving the nutrition environment in early childhood. Ann Ferris moderated group # 1, Abby Alter, CHDI, moderated group # 2, and Sally Mancini, UConn Rudd Center, moderated group # 3.

During the breakout sessions, participants were asked to share 1-2 specific activities that they could do within their role to improve the nutrition environment in early childhood. The sections spent thirty minutes discussing the activities and clustering responses into three priority areas: Research, Policy and Advocacy, and Programmatic. Small groups reported back on their responses at the closing session (responses are included in Table 1).

The forum ended with comments from Marlene, Judith, and Ann. The participants, researchers, and panelists were all encouraged to remain engaged in the promotion of sound nutrition in early childhood. The forum co-sponsors committed to following-up with participants to provide a summary report and a list of action steps.

**TABLE 1: Promoting Sound Nutrition in Early Childhood Action Steps**

RESEARCH	POLICY & ADVOCACY	PROGRAMATTIC
<b>Conception through age 2</b>		
Track the relationship between pre-conceptual weight and weight gain during pregnancy with infant weight—focus on obstetricians (OBs) and pediatricians.	Support legislative efforts that create a CT paid family medical leave system.	Train medical professionals from a variety of backgrounds (OBs/Pediatrics, Allied Health Professionals, Home Visitors) on obesity prevention in early childhood. Possible ideas: medical schools, CMEs.
Follow formula feeders to see their food behaviors, also include a comparison group. This may be a group of families that may lack education in infant/toddler feeding behavior.	Identify how WIC, Head Start and Home visiting guidelines need to change to encourage greater collaboration and information sharing.	Invest in supports from conception to birth—OBs, WIC, and home visitors. Would involve interdisciplinary education and a large amount of team work.
Research what advice pediatricians are giving to families.		Provide training for pediatric providers – “Secrets of Baby Behavior.”
RESEARCH	POLICY & ADVOCACY	PROGRAMATTIC
<b>Parents and caregivers</b>		
Community based participatory research around messaging that resonates with different ages, cultures, races, backgrounds.	Support legislative sugar-sweetened beverage (SSB) tax proposals that use revenue to support health equity.	Focus on getting messages from child to the parents/grandparents—school gardens are an inexpensive way to do this. Is there a way to incentivize? Partnerships with community orgs. is key.
Determine how teaching parenting skills ties in with self-regulation and the Early Learning Development Standards (ELDS).		Use universality as a key strategy-target groups that are not the most vulnerable first and get a core group of motivated parents/grandparents to promote healthy living in all aspects of child care settings. Promote positive aspects of food.
RESEARCH	POLICY & ADVOCACY	PROGRAMATTIC
<b>CACFP</b>		
Pilot research project to test sliding-scale fee to increase CACFP participation.	Examine child licensing guidelines and determine how state agencies work with community orgs. to make guidelines easier to understand, esp. around nutrition requirements.	CACFP Expansion Team—bring the right people together to help communities/centers increase participation.
RESEARCH	POLICY & ADVOCACY	PROGRAMATTIC
<b>Child Care Centers</b>		
Research what’s happening in successful centers (i.e., centers with lower rates of obesity).	Map the child’s food system so there is an understanding of which areas to target.	Expand the use of evidence-based curriculum (e.g., Cooking Matters) in early childhood settings.
Research how child care centers stay in business and the cost of feeding children well.	Determine how and where business/health care companies play a role.	Encourage the health status of teachers—teachers are role models for young children.