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APRIL 2, 2019

Early Childhood Nutrition and Fitness: A Foundation for Lifelong Health

Testimony to the House Human Services Committee in Favor of HB 1808

When children are healthy during the first years of life, they are more likely to maintain a healthy weight throughout their childhood, be successful in school, and achieve lifelong health. Unfortunately, Texas children as young as two are already on track to grow up at an unhealthy weight. With the majority of young Texas children spending much of the day in child care settings, child care providers play an essential role in helping young children develop healthy habits for the future. Texans Care for Children firmly supports HB 1808 because it takes specific steps to update and clarify minimum standards for nutrition and active play – areas already regulated through child care licensing standards – to ensure more children have a healthy start

Thank you for the opportunity to testify in support of HB 1808 authored by Representative Lucio.

Background

Early experiences shape children for a lifetime. When children are healthy during the first years of life, they are more likely to maintain a healthy weight throughout their childhood, be successful in school, and achieve lifelong health. In Texas, about one million young kids learn, play, and grow in licensed or regulated child care programs.[1] **Families know that child care programs are key partners in reinforcing positive habits and ensuring children get the benefits of healthy foods and active play time to build their minds and muscles.**

About one in four children age two to five is overweight or obese.[2] Children who are overweight or obese as preschoolers are five times more likely to be overweight or obese as adults.[3] Ensuring our youngest children eat nutritious foods, stay active, and develop healthy habits reduces health care costs by preventing expensive chronic conditions like heart disease, stroke, and asthma.[4]

Parents know their children deserve the benefits of a healthy start. With the majority of Texas children under age six spending much of their day in child care,[5] child care programs are a vital partner in helping children develop positive habits for the future. Being physically active and having a healthy diet before the age of five is associated with improved child development and cognitive outcomes.[6] Research shows that young kids that eat a healthy diet – high in lean protein and fresh fruits and vegetables – are more likely to have a higher IQ at age eight.[7] In contrast, dietary patterns high in processed foods and added sugars are associated with lower school achievement and nonverbal reasoning.[8]

HB 1808 updates and clarifies child care minimum standards to allow the smallest Texans the opportunity to build a healthy life.

The bill takes three specific steps to ensure children in licensed child care centers and licensed or registered child care homes receive nutritious foods and plenty of active play time as they learn and grow in child care.

1. Nutrition: **HB 1808 updates the confusing "daily food" charts in existing HHSC licensing standards and replaces them with easy-to-read meal and snack guidelines from the Child and Adult Care Food Program (CACFP). CACFP guidelines are clearer and more intuitive, provide guidance for children of all ages, and offer child care providers more flexibility and food choices in many areas, such as protein options.**
    - CACFP is a popular program Texas has participated in for decades. Administered by Texas Department of Agriculture (TDA) and U.S. Department of Agriculture (USDA), CACFP sets out easy-to-understand guidelines for meals and snacks so children of all ages receive a variety of healthy foods while they are in child care.[9]
    - **This bill does not require providers to participate in CACFP.** CACFP participation involves additional reporting requirements to obtain federal reimbursements for healthy meals. The bill simply directs HHSC to update very outdated "daily food" charts to align with CACFP easy-to-read standards for breakfast, lunch, and snacks.
    - **Current HHSC nutrition standards and CACFP meal guidelines are very similar; but there are some differences (see attached handout for more information):**
        i. First, HHSC standards are very confusing because they are broken down by the number of hours a child is in child care and the total amount of food a child should receive during her time in care. This is overly complicated. CACFP is a lot clearer because guidelines are broken down by breakfast, lunch, and snack categories – the categories most people think of when preparing menus.
        ii. Second, HHSC current standards provide no guidance for feeding infants under age 1 (birth to 12 months). CACFP provides clear guidance on infant formula and breastmilk feeding and on types of solid foods to serve infants 6 months to 11 months.

iii. Third, existing HHSC standards have limited protein options for child care providers to choose from. CACFP standards offer more flexibility to child care providers to choose a variety of protein options like cheese, beans, nuts, soy, or yogurt.

- Thousands of child care centers and homes in Texas already participate in the CACFP program.[10] In fact, over the last decade, CACFP participation for child care centers has increased by 141 percent, highlighting the growing desire of providers to offer healthy lunches and snacks while children are in their care.[11]
- 31 other states have adopted laws that align their child care minimum standards with CACFP standards,[12] and it is time for Texas to do so as well.
- Aligning the state's minimum standards with CACFP meal patterns is one of the primary recommendations of the Texas Early Childhood Health and Nutrition Interagency Council, a council of seven Texas agencies created during the 81st Legislative Session.[13]

2. Active Play: **HB 1808 ensures children have opportunities to be active throughout the day by improving minimum standards to clarify the amount of active play time offered to children.**
   - Active play-based learning in child care reinforces healthy habits, helps children develop their large and small muscle skills, and helps children reach their developmental milestones.
   - Currently, state standards only specify that kids should have daily outdoor play in the morning and afternoon, weather permitting.
   - The bill updates minimum standards for physical activity to align with best practices published in *Caring for Our Children*. Endorsed by the CDC, American Academy of Pediatrics, and American Public Health Association, *Caring for Our Children* are nationally-recognized guidelines to promote health and prevent childhood obesity in child care. For instance, these guidelines specify that toddlers (2 months – age 3) should be offered 60 - 90 minutes of physical activity per day while in child care so they can develop their motor and movement skills. Preschoolers (age 3-6) should be offered 90-120 minutes physical activity per 8-hour day.
   - Texas child care centers are on the right track. In a recent survey of Texas child care providers, over 90 percent met or exceeded 60 minutes of physical activity per day for children ages two to five years old. Over 80 percent of surveyed providers already met or exceeded 60 minutes of physical activity minutes for children age one to two.[14]

3. Screen Time: **HB 1808 updates existing state guidelines for screen time to be in line with nationally-recognized standards to promote children's early learning and brain development.**
   - Research shows that TV viewing before the age of three can have a modest negative impact on cognitive development of young children.[15] Studies also show that, as the amount of television young children watch increases, so does the likelihood they will have a poor quality diet and risk for obesity.[16]

- Existing HHSC standards specify that time in front of TVs or other media screens is prohibited for toddlers under age two and limited to two hours per day for kids above age two. This is out-of-date and allows much more screen time than nationally-recognized standards (*Caring for Our Children*, *4th ed.*) supported by the AAP to promote a child's health and brain development in child care.

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[1] In FY 2015, child care centers served 877,717 kids in Texas; licensed child care homes served 20,494 kids; and registered child care homes served 54,604 kids. Department of Family and Protective Services. *2015 Annual Report and Databook*: Child Day Care Licensing. p. 76. Available at https://www.HHSC.state.tx.us/About_HHSC/Data_Books_and_Annual_Reports/2015/pdf/6DCLAll.pdf.

[2] *The State of Obesity: Obesity Among WIC Participants Ages 2-4*. Project of the Trust for America's Health and the Robert Wood Johnson Foundation (Nov. 2016). Available at http://stateofobesity.org/wic/ (noting that 8.9 percent of two-to-four-year olds have obesity). See Cynthia Ogden. *Prevalence of Childhood and Adult Obesity in the United States, 2011-2012*. Journal of American Medical Association. (2014) 311(8):806-815 (finding that 22.8 percent of two-to-five-year-olds are overweight or obese and 8.9 percent of two-to-five-year-olds were obese). This is the most recent nationwide study on obesity looking at children ages 2 to 17 and adults. For Texas, while data is available on prevalence of obesity and overweight among low-income Texas children ages 2 to 5, this prevalence data is not available for all Texas children ages two to five.

[3] Centers for Disease Control. Progress on Childhood Obesity. (Aug. 2013). Available at http://www.cdc.gov/vitalsigns/childhoodobesity/.

[4] Overweight and obese children are at a higher risk of bone and joint problems, social and psychological conditions, and chronic conditions like heart disease, stroke, asthma, and certain forms of cancer. Freedman DS, Zuguo M, Srinivasan SR, Berenson GS, Dietz WH. Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study. Journal of Pediatrics 150(1):12–17 (2007). Kushi LH, Byers T, Doyle C, Bandera EV, McCullough M, Gansler T, et al. American Cancer Society guidelines on nutrition and physical activity for cancer prevention: reducing the risk of cancer with healthy food choices and physical activity. CA: A Cancer Journal for Clinicians 56:254–281 (2006).

[5] About 41 percent of children ages 0 to five are cared for in non-parental care arrangements, such as Head Start programs, child care centers, or child care homes. Participation rates vary by age group. About 19% of children who are younger than age one receive care in child care centers or child care homes. The percentage increases to about 64% for children aged 3 to 5 years. US Department of Education, National Center for Education Statistics, National Household Education Surveys Program (NHES), Early Childhood Program Participation (ECPP) Survey, 2012 http://nces.ed.gov/nhes/tables/nonrelative_care.asp.

[6] Pooja Tandon, et. al. The Relationships between physical activity and diet and young children's cognitive development: A systemic review. Preventive Medicine Reports. 3 (2016) 379-390

[7] LG Smithers, et al. Dietary patterns at 6, 15 and 24 months of age are associated with IQ at 8 years of age. Eur. J. Epidemiol. 27, 7 (2012) 525–535.

[8] L. Feinstein, et al., Dietary patterns related to attainment in school: the importance of early eating patterns. J. Epidemiol. Community Health. 62, 8 (2008) 734–739. A. Nyaradi, et. al. Diet in the early years of life influences cognitive outcomes at 10 years: a prospective cohort study. Acta Paediatr. 102, 12 (2013) 1165–1173.

[9] CACFP is proven to improve the nutritional quality of meals served – children are more likely to receive more protein, vitamin A, B vitamins, calcium, magnesium, iron, and zinc. Children are more likely to receive more fruits, vegetables, and milk, while eating fewer saturated fats and sweets.

[10] Texas Department of Agriculture CACFP Statistics for October 1, 2014 through September 30, 2015 shows 7,391 child care center sites and 6,661 day care homes participating in CACFP. Available at http://www.squaremeals.org/Programs/ChildandAdultCareFoodProgram/CACFPStatistics.aspx.

[11] See Food Research Action Centers, Texas: Profile of Hunger, Poverty, and Federal Nutrition Programs (2016). Available at http://frac.org/wp-content/uploads/2016/10/tx.pdf.

[12] Based on analysis by Public Health Law Center at Mitchell Hamline School of Law. States with CACFP aligned standards: Alabama, Alaska, Arkansas, California (for centers), Colorado, Connecticut, Delaware (for homes), Georgia (for centers),

Hawaii, Iowa, Louisiana, Massachusetts, Michigan, Minnesota (for centers), Montana, Nebraska, New Jersey (for centers), New Mexico, New York (for centers), North Carolina, North Dakota, Ohio, Oklahoma (for centers), Oregon, Rhode Island, South Carolina (for centers), Utah, Virginia, Washington (for homes), West Virginia (for centers), and Wisconsin. Unless otherwise indicated, these states have CACFP-aligned standards for child care centers and child care homes.

[13] The Interagency Council reviews current research, assesses current and best practices to combat childhood obesity, and makes recommendations to the Legislature for improving the health of Texas children under age six. In its November 2016 report to the Legislature, the Interagency Council recommended aligning minimum standards for child care licensing with CACFP "for consistency and improved nutrient quality across all child care facilities preparing foods for infants and children under age six." *Report to the Texas Legislature: Early Childhood Health and Nutrition Interagency Council*. (Nov. 2016). Available at http://squaremeals.org/Portals/8/files/publications/Reports/SB%20395%20Legislative%20Report%202016.pdf.

[14] The Department of State Health Services and the Interagency Council on Early Childhood Health and Nutrition conducted this survey of child care providers to identify current physical activity and screen time practices. There are some limitations to the data because the survey did not include all licensed providers (survey includes 827 respondents). *See Report to the Texas Legislature: Early Childhood Health and Nutrition Interagency Council.* at Table 6. "Amount of time provided to preschool children (age 2-5 years) for indoor and outdoor physical activity each day, Texas, 2016." (Nov. 2016). Available at http://squaremeals.org/Portals/8/files/publications/Reports/SB%20395%20Legislative%20Report%202016.pdf (Combined percentages for 60-89 minutes, 90-119 minutes and 120 minutes or more equals over 90 percent).

[15] Zimmerman, F. J., D. A. Christakis. Children's television viewing and cognitive outcomes. Arch Pediatric Adolescent Med 159:619-25(2005). Available at http://jamanetwork.com/journals/jamapediatrics/fullarticle/486070

[16] Reilly, J. J., J. Armstrong, A. R. Dorosty. Early life risk factors for obesity in childhood: Cohort study. British Medical J 330:1357 (2005). Available at http://www.bmj.com/content/330/7504/1357 (finding that more than eight hours spent watching television per week at age three increased risk for obesity). Lumeng, J. C., S. Rahnama, D. Appugliese, N. Kaciroti, R. H. Bradley. Television exposure and overweight risk in preschoolers. Arch Pediatric Adolescent Med 160:417-22 (2006). Available at http://jamanetwork.com/journals/jamapediatrics/fullarticle/204808 (finding that excessive television exposure is a risk factor for overweight in preschoolers independent of a number of potential confounders associated with the quality of the home environment). Levin, S., M. W. Martin, W. F. Riner. TV viewing habits and Body Mass Index among South Carolina Head Start children. Ethnicity and Disease 14:336-39 (2004). Available at http://europepmc.org/abstract/MED/15328934 (finding that among 148 four-year-old children in Head Start, as BMI increased, average hours of TV viewing increased slightly). Miller, S. A., E. M. Taveras, S. L. Rifas-Shiman, M. W. Gillman. Association between television viewing and poor diet quality in young children. Int J Pediatric Obesity 3:168-76 (2008). Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4249761/ (finding more TV viewing among three-year-olds is associated with adverse dietary practices).