Achieving a State of Healthy Weight

ASHW 2014

April 2015

National Resource Center for Health and Safety in Child Care and Early Education

National Resource Center for Health and Safety in Child Care and Early Education

University of Colorado Anschutz Medical Campus

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Note: The *ASHW 2014 Supplement* (April 2015) contains additional details and state specific information.

ACKNOWLEDGMENTS

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ASHW 2014

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National Resource Center for Health and Safety in Child Care and Early Education

Supported by MCHB Grant Number U46MC09810

College of Nursing
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Early childhood is a critical time for development of healthy habits. Early care and education (ECE) programs contribute to attainment of the national goal of stemming childhood obesity by instituting policies to provide healthy meals, snacks, and exercise.[i] States may guide ECE providers toward this goal by establishing in their childcare licensing regulations clear expectations about the practices that support children's achievement and maintenance of healthy weight status.

In 2010, as early childhood obesity was an increasing focus of national attention, the Maternal and Child Health Bureau (MCHB) funded the National Resource Center for Health and Safety in Child Care and Early Education (NRC) to conduct an assessment of obesity prevention content in all states' licensing regulations for: child care centers, large or group family child care homes, and small family child care homes. Regulations were assessed for text consistent with best practices drawn from selected standards in *Caring for Our Children*: *National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Ed. (CFOC3).* More specifically, the standards were those included in the CFOC-based topical collection, *Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition* (*PCO2*).[ii] The detailed report of the study's methodology and findings was published by the NRC as *Achieving a State of Healthy Weight: A National Assessment of Obesity Prevention Terminology in Child Care Regulations 2010,* or *ASHW 2010*.[iii]

ASHW 2010 is the baseline study against which each state's newly introduced or revised regulations may be compared to identify improvements or declines in healthy weight practices that states require of licensed childcare programs. National reassessments that examined new and revised regulations followed for 2011, 2012, and 2013. Each ASHW study examines 47 practices (the ASHW variables) that were identified by the NRC's Healthy Weight Advisory Committee as high in impact upon childhood obesity if fully implemented in early care settings.[iv] The variables are grouped into practices in three domains: Nutrition, Infant Feeding, and Physical Activity/Screen Time. (See Appendix A. Source of ASHW Variables in *PCO2*/*CFOC3* Standards.) To promote reliable ratings, the NRC scaled each of the 47 variables, and developed instructions specific to the content of each healthy weight practice. The instructions help raters determine whether pertinent regulatory text is:

- fully consistent with the recommended practice, *rating = 4*
- partially consistent with the recommended practice, *rating = 3*
- absent (no relevant content), *rating = 2*
- contradict recommended practice, *rating = 1*[v]

Previous Assessments

ASHW 2010 (baseline) & ASHW 2011*

In 2010 (when all the states were assessed) and in 2011 (when only Arizona, Arkansas, and North Dakota made pertinent regulatory changes), findings revealed that child care licensing regulations overall did little to support implementation of healthy weight practices, especially for physical activity and screen time.

- 51% of the ratings performed on states' child care regulations indicated that no, or insufficient, obesity prevention terminology was identified.
- Only 13% of ratings indicated language fully consistent with the 47 healthy weight practices.
- No one type of child care that was assessed—center-based care, large or group family homes, or small family child care homes—was substantially better regulated in terms of obesity prevention.
- States with the strongest regulations were Delaware and Mississippi.

ASHW 2012

In 2012, 12 states enacted new or revised regulations related to one or more of the 47 variables: California, Colorado, Florida, Iowa, Kansas, Maryland, Nevada, New Mexico, North Carolina, Texas, Washington, and Wyoming. Document ratings revealed that:

- All 12 states made some improvements.
  - 89% of the changes strengthened obesity prevention practices in licensing regulations
  - 11% weakened them
- Washington, North Carolina, Nevada, Wyoming, and Iowa made the greatest numbers of positive changes, although changes within states were few.

Data from the 2012 assessment also included improvements to ratings that accrue to those states that require licensed child care programs to follow the Meals Patterns of the USDA Food and Nutrition Services, Child and Adult Care Food Program (CACFP), which subsidizes programs that serve nutritious meals to low-income individuals. Adherence to the CACFP Meal Patterns is a *CFOC3* recommendation that the NRC Healthy Weight Advisors rated high in impact upon obesity prevention. Consequently, the NRC rated the Meal Patterns on the ASHW nutrition and infant feeding variables. States that require adherence to the Meal Patterns receive the ratings assigned to CACFP, although additional state-specific text may raise or lower the ratings from those assigned to the Meal Patterns. In 2012, CACFP made changes that affected two healthy weight practices, yielding higher ratings for states that regulate adherence by licensed childcare to the CACFP guidance:

- 30 states received higher ratings for the practice *Serve 1% or skim milk to children 2 and older*
- 25 states received higher ratings for the practice *Make water available both inside and outside.*

ASHW 2012 reflected the improved ratings resulting from the CACFP changes above. In addition, the report

included state-initiated changes in newly enacted and revised documents. Together these two sources affected the relative rankings of states, such that:

- Seven states' regulations (Alaska, Delaware, Florida, Mississippi, North Carolina, North Dakota, and South Dakota) fully supported more than 20% of the healthy weight practices consistently across all three child care types.
- Five states (Arizona, Delaware, Washington, Mississippi, and Virginia) at least partially supported 70% of the practices in at least one child care type.

In 2012, as a result of CACFP and state-initiated changes, NRC identified the first small, but positive, improvements in the regulatory landscape nationally. By 2012 there were 2% fewer ratings indicating no pertinent content. As in prior years, however, there was little improvement in the Physical Activity/Screen Time domain. Thus, as 2013 began, childcare regulations remained an under-developed resource for promoting healthy weight practices in ECE.

ASHW 2013

In 2013, 10 states initiated regulatory changes related to the ASHW healthy weight practices. The states were: Florida, Kansas, Kentucky, Mississippi, Nebraska, New Jersey, North Carolina, North Dakota, Rhode Island and Wyoming. The net impact of their changes was a 14% improvement in regulations at least partially addressing the practices for the care types licensed by those states. Nationally, the result was a 4% rise in ratings indicative of regulations that fully support healthy weight practices. Of the four leading states nationally, three states–Mississippi, North Carolina and Rhode Island–initiated regulatory changes in 2013. Furthermore, these three states, along with North Dakota, are the most improved since the 2010 baseline assessment.

Two states, Florida and South Dakota, lost some ground in 2013. In a process similar to that NRC used for the CACFP Meal Patterns, in 2010, MyPyramid (a food-guidance resource in the first edition of *PCO*) was rated for its content on nutrition and physical activity. Florida and South Dakota were assigned these ratings in 2010 as they required licensed child care providers to adhere to the MyPyramid guidance. However, MyPyramid was retired by the USDA in 2011. The two states did not alter their regulations to address the void in the ensuing years, so the baseline scores for Florida and South Dakota were lowered in *ASHW 2013* to reflect the absence of content on the variables formerly associated with MyPyramid.

To simplify the presentation of findings in *ASHW 2013*, the NRC introduced a weighted summary score that facilitated comparisons among states and among variables. The measure is the Childcare Obesity Prevention Regulation Score, or COPR Score, and is used again in the 2014 update. (Computation of the COPR Score is elaborated below in the Method section.)

METHOD

The study methodology, as developed in 2010 and used in *ASHW 2014*, includes the following essential steps:

1. *Identification of new and revised documents.* Documents are identified through phone/email contact with all states' licensing agencies and monitoring of states' child care licensing websites.
2. *Screening of documents for content pertinent to obesity prevention.* New documents were screened for key search terms related to the study variables. Revised documents were compared with the version examined for ASHW 2010, using Adobe® Acrobat® X Pro. Revised documents then were searched for terminology related to healthy weight practices, using advanced Boolean search methods in Adobe® Reader® X.
3. *Re-training of an experienced rater dyad for high inter-rater reliability.* In 2014, the raters maintained extremely high inter-rater reliability, as in all previous assessments (r_s >.90).
4. *Rating of pertinent documents and data entry*. Two raters independently rated each document on the 47 variables and entered ratings into NRC's ASHW database (in Microsoft ACCESS).
5. *Resolution of discrepant ratings*. The text each rater recorded as the basis for the numerical rating was reviewed by the raters with the NRC Evaluator to resolve differences in assigned values.
6. *Establishment of "final ratings."* A single score for each variable was assigned in cases where multiple documents regulate a given care type in a state (see *ASHW 2010*).
7. *Data analysis and exportation to Excel* (for further analysis and generation of charts and graphics).

Table 1 below provides a quick view of which states were rated in each year of ASHW assessments 2010-2014. All states were rated in 2010, and subsequently when new content related to healthy weight practices was discovered in states' new and revised rules. Seven states made regulatory changes that were rated for the current assessment. (Additional adjustments were made as described earlier for CACFP changes and retirement of MyPyramid.)

Table 1. Assessment Years for Each State (all states at baseline, and updated ratings when states made pertinent changes to their licensing regulations)

State	Year Rated					State	Year Rated				
	2010	2011	2012	2013	2014		2010	2011	2012	2013	2014
Alabama	X		X			Montana	X		X		
Alaska	X		X			Nebraska	X		X	X	
Arizona	X	X				Nevada	X		X		
Arkansas	X	X				New Hampshire	X				
California	X		X			New Jersey	X			X	
Colorado	X		X			New Mexico	X		X		X
Connecticut	X		X			New York	X				X
Delaware	X		X			North Carolina	X		X	X	
District of Columbia	X					North Dakota	X	X	X	X	
Florida	X		X	X		Ohio	X		X		
Georgia	X		X		X	Oklahoma	X				
Hawaii	X		X			Oregon	X		X		
Idaho	X					Pennsylvania	X				
Illinois	X				X	Rhode Island	X		X	X	
Indiana	X					South Carolina	X		X		
Iowa	X		X			South Dakota	X				
Kansas	X		X	X		Tennessee	X				
Kentucky	X			X		Texas	X		X		X
Louisiana	X		X			Utah	X		X		
Maine	X		X			Vermont	X				
Maryland	X		X			Virginia	X		X		
Massachusetts	X		X			Washington	X		X		
Michigan	X		X		X	West Virginia	X		X		X
Minnesota	X		X			Wisconsin	X		X		
Mississippi	X		X	X		Wyoming	X		X	X	
Missouri	X						X				

Legend:

X	Baseline Rating in 2010 (all states, all regulated child care types, all variables)
X	Assessed new or changed rules in year indicated
X	Changed ratings due ONLY to automatic application of CACFP changes
X	Assessed new or changed rules and revised 2010 baseline ratings due to retirement of MyPyramid
	Revised 2010 baseline ratings only due only to retirement of MyPyramid

Calculation of Childcare Obesity Prevention Regulation Scores (COPR Scores)

In this report, Step 7 (above) included calculation of the COPR Score to facilitate various comparisons reported in the assessment. COPR Scores are weighted summary scores of the strength of regulatory language across all child care types that states choose to regulate. COPR Scores are calculated to assess the strength of:

- Each state's body of childcare regulations;
- The national body of childcare regulations (i.e., the states cumulatively);
- Each ASHW variable (i.e., each healthy weight practice) across all states' rules that pertain to the variable.

The equation for calculation of COPR Scores is based on the assumptions listed in the box below:

Assumptions in COPR Score Computation

- ASHW ratings = 1 (regulations that conflict with the healthy weight practices) are weighted "-1" to express their reduction of the strength of regulations.
- ASHW ratings = 2 (no relevant content) are weighted "0" as they don't contribute to the strength of ratings.
- ASHW ratings = 3 (partially consistent with the healthy weight practices) are weighted ("+1), as they strengthen regulations somewhat.
- ASHW ratings = 4 (fully consistent with the healthy weight practices) are weighted "+2", as they strengthen regulations substantially.

Thus, COPR Scores are the sum of weighted ratings of regulations that either strengthen or weaken rules about healthy weight practices. In the formula, there is no reference to *ratings = 2*. ASHW ratings that equal "2" indicate that no content was found to contribute positively or negatively to the strength of the regulations, so they are weighted "0." No matter how large or small the proportion of *ratings = 2* in the total number of ratings, when multiplied by the weight of "0," they always contribute "0" to the sum.

The possible range of COPR Score values is -1 to +2. For states, were licensing regulations to contradict all 47 healthy weight practices, 100% of the ASHW *ratings = 1.* When entered into the COPR Score formula, the outcome would be a score of "-1." In contrast, were a state's regulations fully consistent with healthy weight practices, 100% of ASHW *ratings = 4*, the resulting COPR score would be "2." Similarly, for variables, if a given healthy weight practice was rated "4" in every state, the outcome would be a COPR Score of "2." Therefore, *a COPR Score = 2 is the goal for maximizing the capacity of ECE as a resource to support children's healthy weight*.

The COPR Scores are calculated by applying the following formula:

$$\boldsymbol{COPR\ Score} = \left(\frac{No.ratings = 1}{Total\ no.ratings} \times -1\right) + \left(\frac{No.ratings = 3}{Total\ no.ratings} \times 1\right) + \left(\frac{No.ratings = 4}{Total\ no.ratings} \times 2\right)$$

2014 Notable Findings

In 2014, seven states made changes in their regulations that were pertinent to ASHW. Some notable findings bear mentioning. Illinois, New York, and Texas made sufficient positive changes to significantly improve their rules affecting healthy weight practices. Furthermore, Illinois and Texas made the greatest number of changes, which markedly improved their standing among all states (refer to the chart on page 11, *COPR Scores: 2014 Status*).

New Mexico's cumulative changes over the past two years yielded impressive gains in healthy weight language (refer to the map *States Best Meeting Standards 2014* on page 13).

For the first time in these reassessments, no state enacted a regulation that contradicted an ASHW healthy weight practice. In fact, there were no instances at all of states introducing changes that lowered their ratings.

NOTES:

[i] Friedman-Krauss, A & Barnett, W. S. (2013) *Early childhood education: Pathways to better health. NIEER Preschool Policy Brief*. 25. Retrieved from http://www.nieer.org/sites/nieer/files/health%20brief.pdf

[ii] NRC co-publishes both CFOC3 and PCO2 with American Academy of Pediatrics, American Public Health Association:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available @ http://nrckids.org.

American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2012. Preventing childhood obesity in early care and education: Selected standards from caring for our children: National health and safety performance standards; Guidelines for early care and education programs, 3rd Edition. http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf

[iii] National Resource Center for Health and Safety in Child Care and Early Education. 2011. Achieving a state of healthy weight: A national assessment of obesity prevention terminology in child care regulations 2010. Aurora, CO. http://nrckids.org/default/assets/File/Products/ASHW/regulations_report_2010.pdf

National Resource Center for Health and Safety in Child Care and Early Education. 2012. Achieving a state of healthy weight: 2011 update. Aurora, CO: University of Colorado Denver. http://nrckids.org/default/assets/File/Products/ASHW/ASHW%202011-Final-8-1.pdf

National Resource Center for Health and Safety in Child Care and Early Education. 2013. Achieving a state of healthy weight: 2012 update. Aurora, CO: University of Colorado Denver. http://nrckids.org/default/assets/File/Products/ASHW/ASHW%202012%20Final%20Report%209-18-13%20reduced%20size.pdf

National Resource Center for Health and Safety in Child Care and Early Education. 2014. Achieving a state of healthy weight: 2013 update. Aurora, CO: University of Colorado Denver. http://nrckids.org/default/assets/File/Products/ASHW/ASHW%20Report%202013%20final.pdf

[iv] In July 2010, the NRC Healthy Weight Advisory Meeting was convened in Aurora, Colorado, supported by the DHHS, Maternal and Child Health Bureau (MCHB) and the Administration for Children and Families, Child Care Bureau (CCB, now Office of Child Care) to inform plans for use of the healthy weight recommendations in Preventing Childhood Obesity (PCO). Advisors were selected in collaboration with MCHB and CCB officers to include experts in a range of health and academic disciplines, government agencies, and professional organizations, as well as child care providers and licensing professionals (see ASHW 2010 for the list of Advisors). A goal of the meeting was to identify PCO/CFOC standards most likely to have a direct impact on obesity in child care. NRC staff extracted 275 healthy weight practices from the 49 PCO/CFOC standards so that their independent contributions to obesity prevention could be evaluated. The advisors' ratings of the practices helped inform selection of ASHW variables, as described in ASHW 2010.

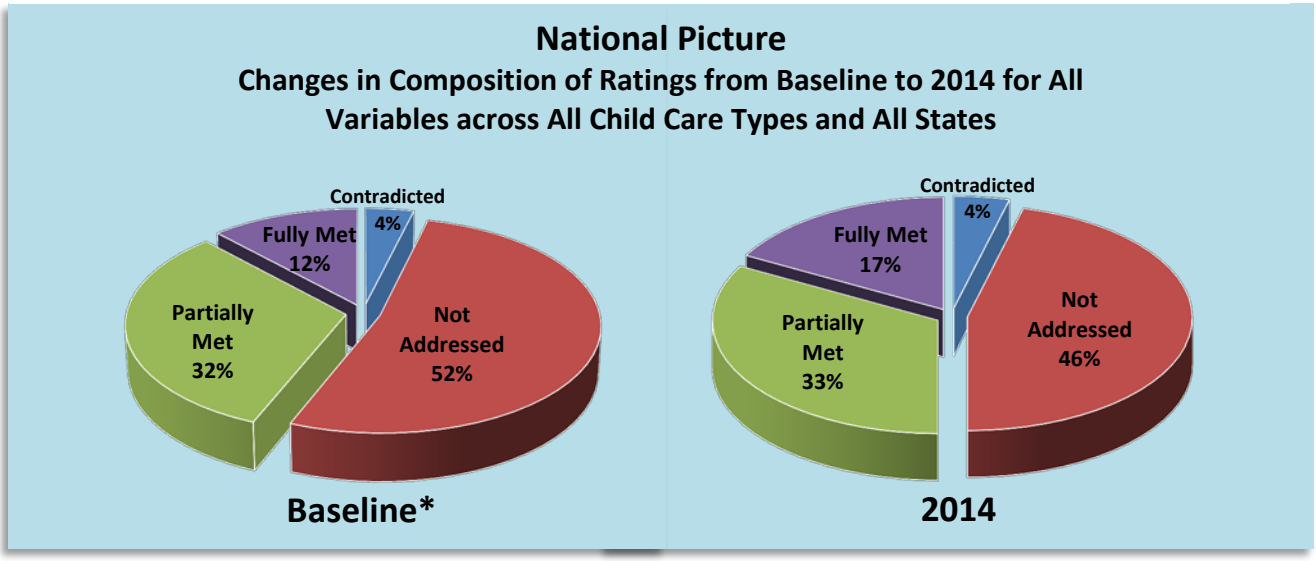
[v] The complete set of ASHW rating scales and instructions are available at the NRC website: National Resource Center for Health and Safety in Child Care and Early Education. 2013. Achieving a state of healthy weight rating scales: Supporting obesity prevention language in child care licensing regulations. Aurora, CO: University of Colorado, Anschutz Medical Campus. http://nrckids.org/default/assets/File/ASHW%20Rating%20Scales%20final.pdf

5% more regulations fully support healthy weight practices (2010 vs. 2014)

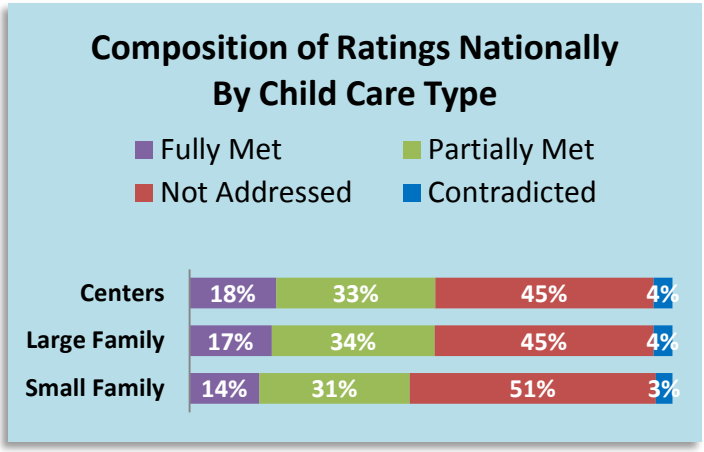
National Results

(total pool of ratings of regulations across all states and all child care types they regulate)

In the Baseline and 2014 pie charts, the shift in the proportion of red (variables not addressed) to more purple and green is a positive indicator.



*Baseline ratings were for the year 2010.

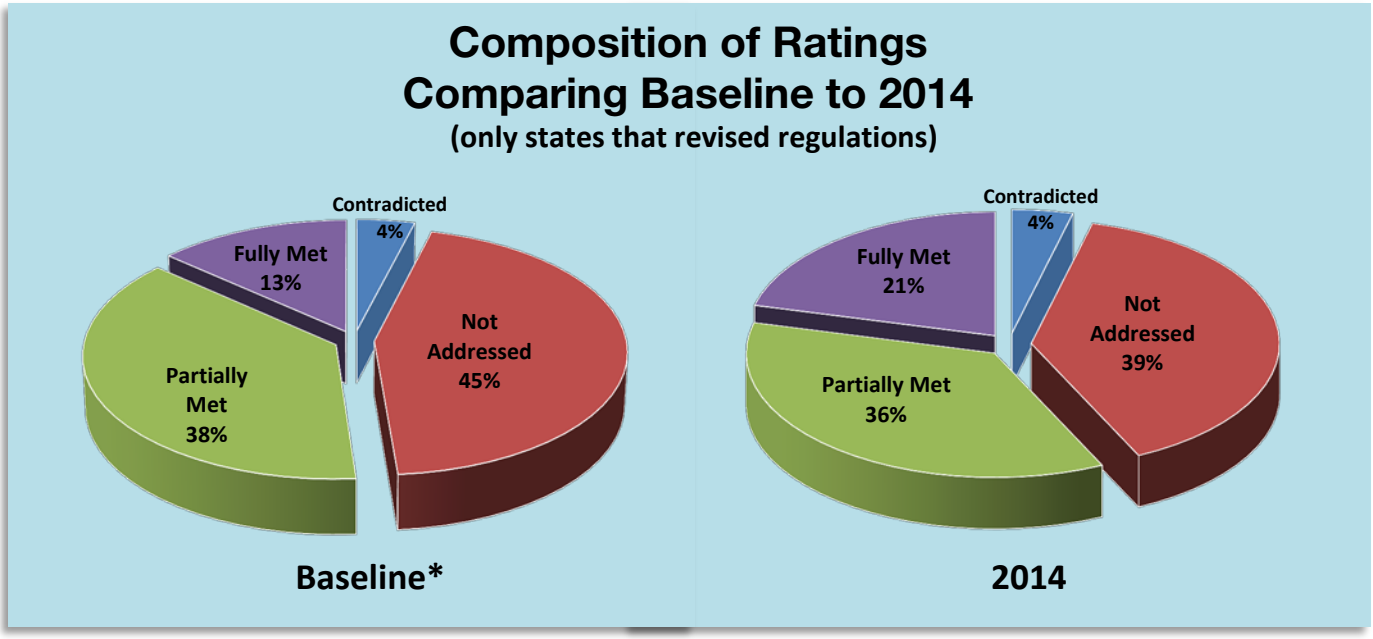


Among the three child care types, small family child care has the fewest healthy weight regulations.

States that made changes in 2014

States reassessed in 2014:

GEORGIA	ILLINOIS
MICHIGAN	NEW MEXICO
NEW YORK	TEXAS
WEST VIRGINIA	



* Baseline ratings were for the year 2010.

8% increase in fully meeting healthy weight practices in these states in 2014

More than 50% of positive changes in 2014 were in nutrition regulations.

2014 At-A-Glance

This table shows practice rules that were improved in states that made 2014 changes for each care type (C=center, L=large family, S=Small family).

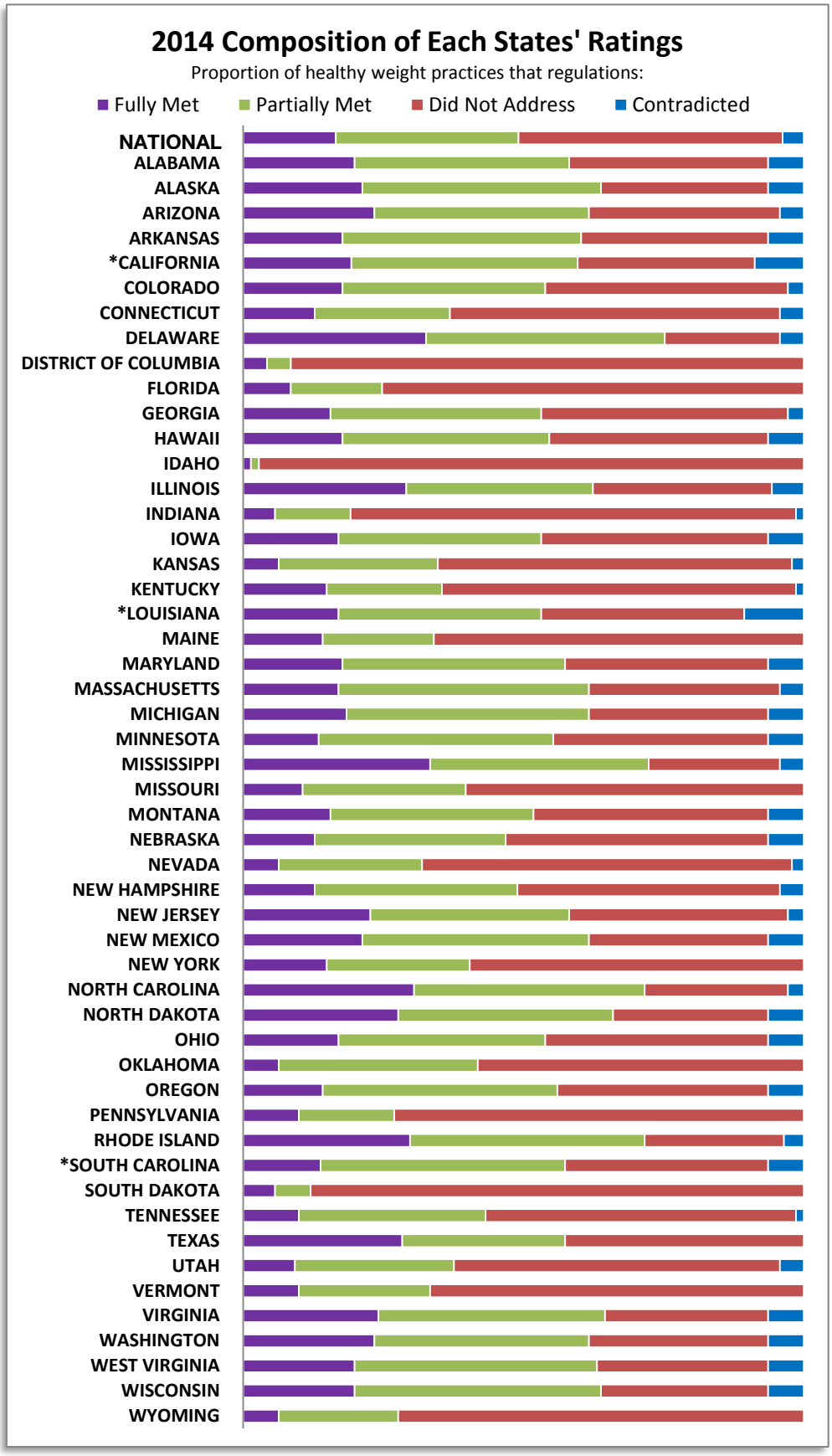
LEGEND:

\+ Improved Rating

\- Lowered Rating

Fully Met (Rating=4) | CACFP required for some types | CACFP required for all types | Top Performer

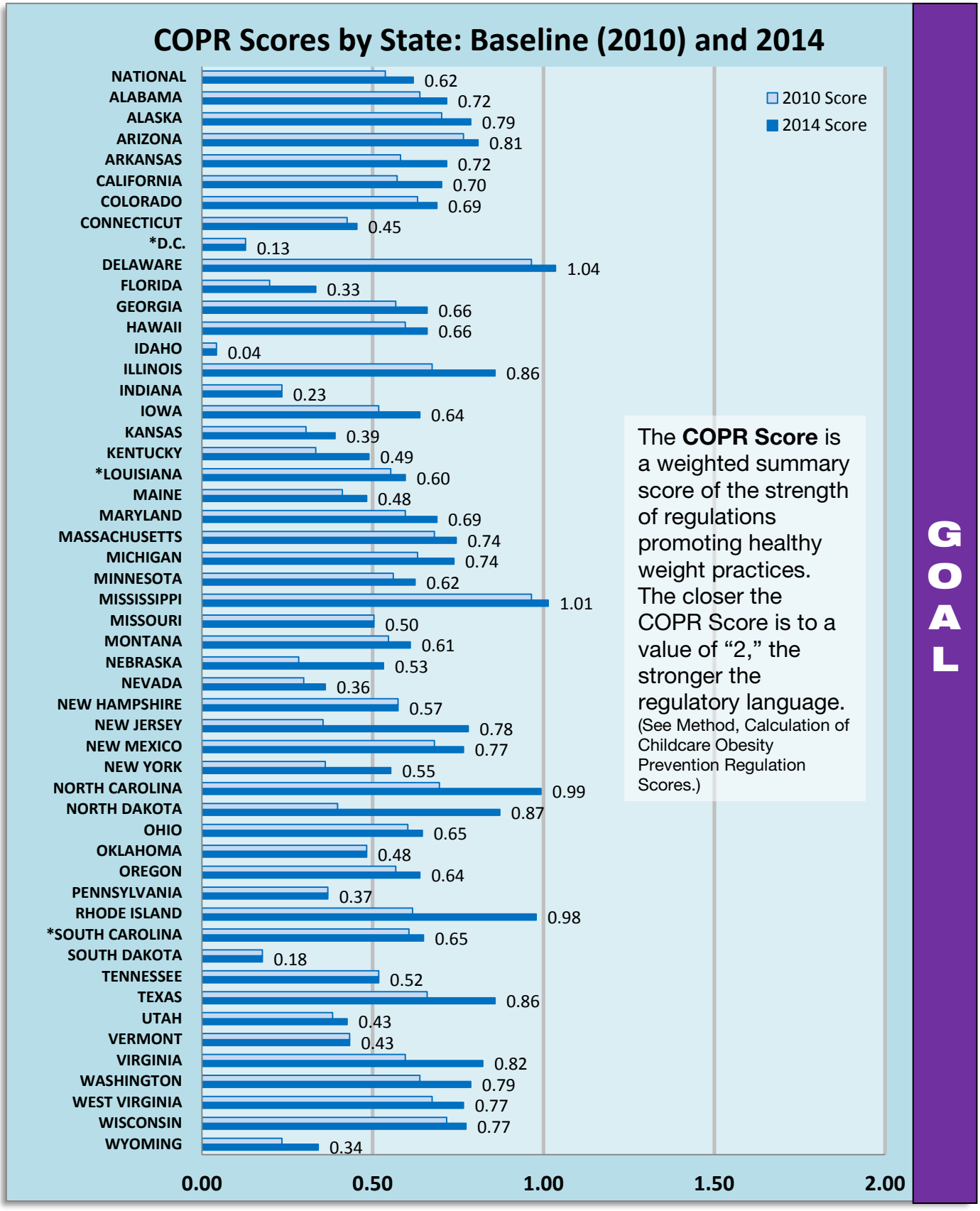
		GEORGIA			ILLINOIS			MICHIGAN			NEW MEXICO			NEW YORK			TEXAS			WEST VIRGINIA			Totals		
Variable	Description	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	C	L	S	+	-	4s
IA1	Support breastfeeding				+										+		+	+	+				5	0	5
IA2	No cow's milk < 1yr																						0	0	9
IB1	Feed infants on cue				+																		1	0	12
IB2	Stop feed @ satiety				+																		1	0	0
IB3	Hold infant to feed				+																		1	0	2
IC1	Plan solid introduction														+	+							2	0	1
IC2	Intro solids @ 4-6 mo																						0	0	1
IC3	Iron-Fort @ 4-6 mo																						0	0	0
ID1	Don't mix formula				+																		1	0	2
ID2	Whole fruit 7 m-1 yr																						0	0	0
ID3	No juice < 12 mo																+	+	+				3	0	3
NA1	Limit oils/fats				+																		1	0	1
NA2	Low fat meat/proteins																						0	0	0
NA3	Low fat milk equivalents																						0	0	0
NA4	Whole milk 1-2 y/o				+			+															2	0	2
NA5	Low fat milk > 2 y/o	+	+		+			+	+	+	+	+	+		+	+				+	+	+	14	0	11
NB1	Whole grains																+	+	+				3	0	3
NB2	Variety of vegetables										+	+	+										3	0	4
NB3	Variety of whole fruit																						0	0	6
NC1	100% juice														+	+							2	0	14
NC2	Juice only @ meals				+																		1	0	1
NC3	Juice 4-6 oz. 1-6 y/o				+												+	+	+				4	0	6
NC4	Juice 8-12 oz. 7+ y/o																+	+	+				3	0	6
ND1	Make water available	+	+		+			+			+	+	+										7	0	18
NE1	Teach portion sizes																						0	0	0
NE2	Eat with children							+															1	0	1
NF1	Appropriate servings																						0	0	21
NF2	Healthy seconds																						0	0	6
NG1	Limit salt				+																		1	0	2
NG2	Avoid sugary foods				+												+	+	+				4	0	2
NH1	Food no force/bribe														+	+				+			3	0	4
NH2	Food no reward/punish														+	+				+			3	0	10
PA1	Space for active play																						0	0	17
PA2	Training on activities														+	+							2	0	0
PA3	Write activity policies																						0	0	0
PA4	Play with children																						0	0	0
PA5	Don't withhold play				+			+															2	0	8
PB1	No screen time < 2 yr				+			+			+	+	+				+						6	0	6
PB2	Screen time 30 min/wk																						0	0	0
PB3	Screen time purpose				+										+	+							3	0	3
PB4	No TV w/meals				+										+	+							3	0	3
PC1	Outdoor play occasions				+												+	+	+				4	0	4
PC2	Toddler play time														+	+							2	0	0
PC3	Preschool play time														+	+							2	0	0
PD1	Structured play																						0	0	0
PE1	Tummy time often	+	+	+											+	+				+			6	0	10
PE2	Limit time infant equip.			+				+												+			3	0	1
	Total Increase (+)	3	3	2	18	0	0	7	1	1	4	4	4	0	12	11	8	7	7	5	1	1	99		
	Total Decrease (-)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	
	Total Rating = 4	10	9	3	24	9	8	12	7	7	10	10	10	5	8	8	14	13	13	12	6	7			205
	# Pos. Changes / Total Change	8 / 8			18 / 18			9 / 9			12 / 12			23 / 23			22 / 22			7 / 7					
	# 4's Per State	22			41			26			30			21			40			25					
	% 4's Per State	16%			29%			18%			21%			15%			28%			18%					



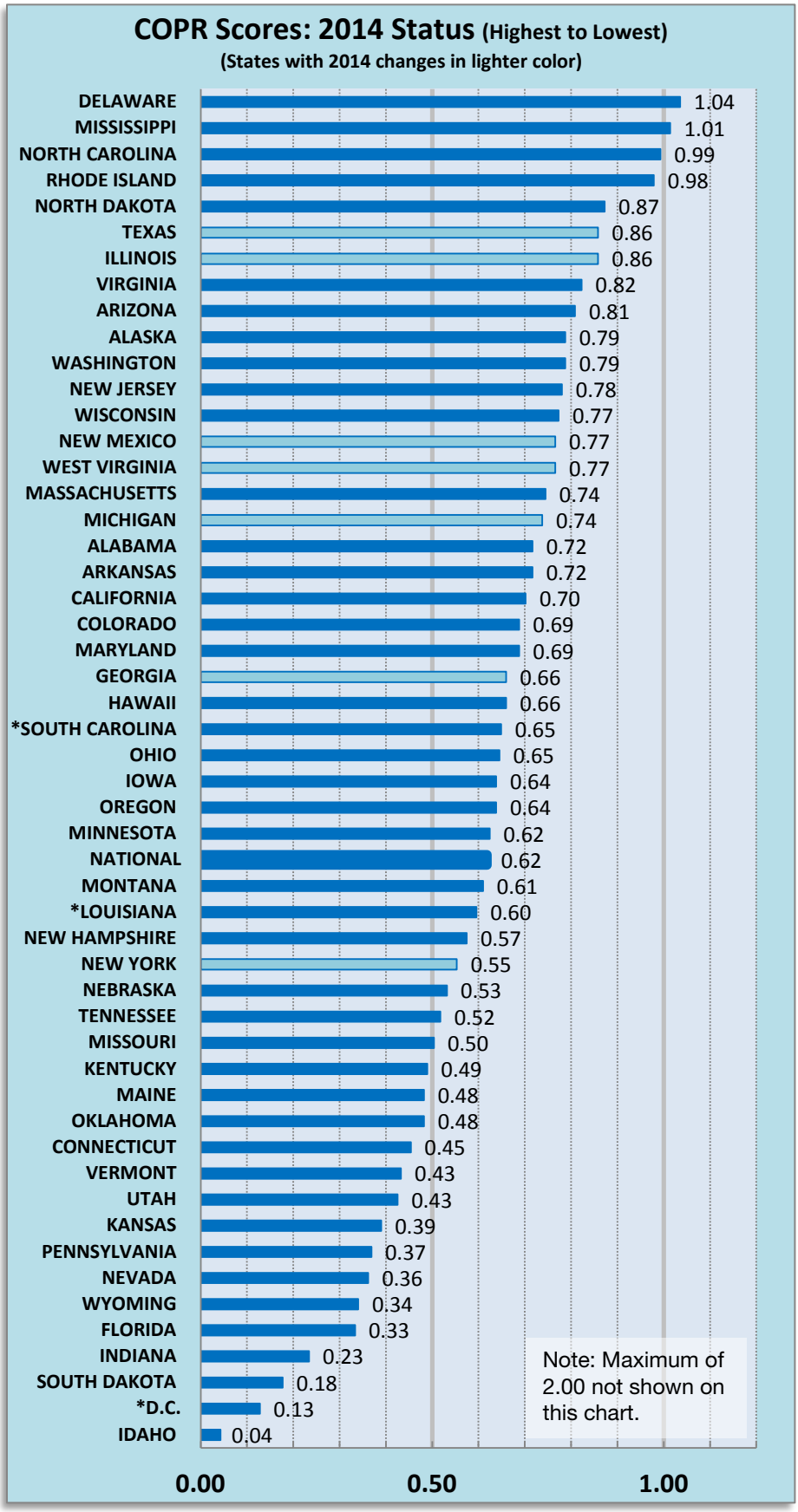
States' Status

This collection of stacked bar charts provides a visual profile of how well each state's body of child care regulations addresses healthy weight practices.

* State does not consistently regulate all types of child care.



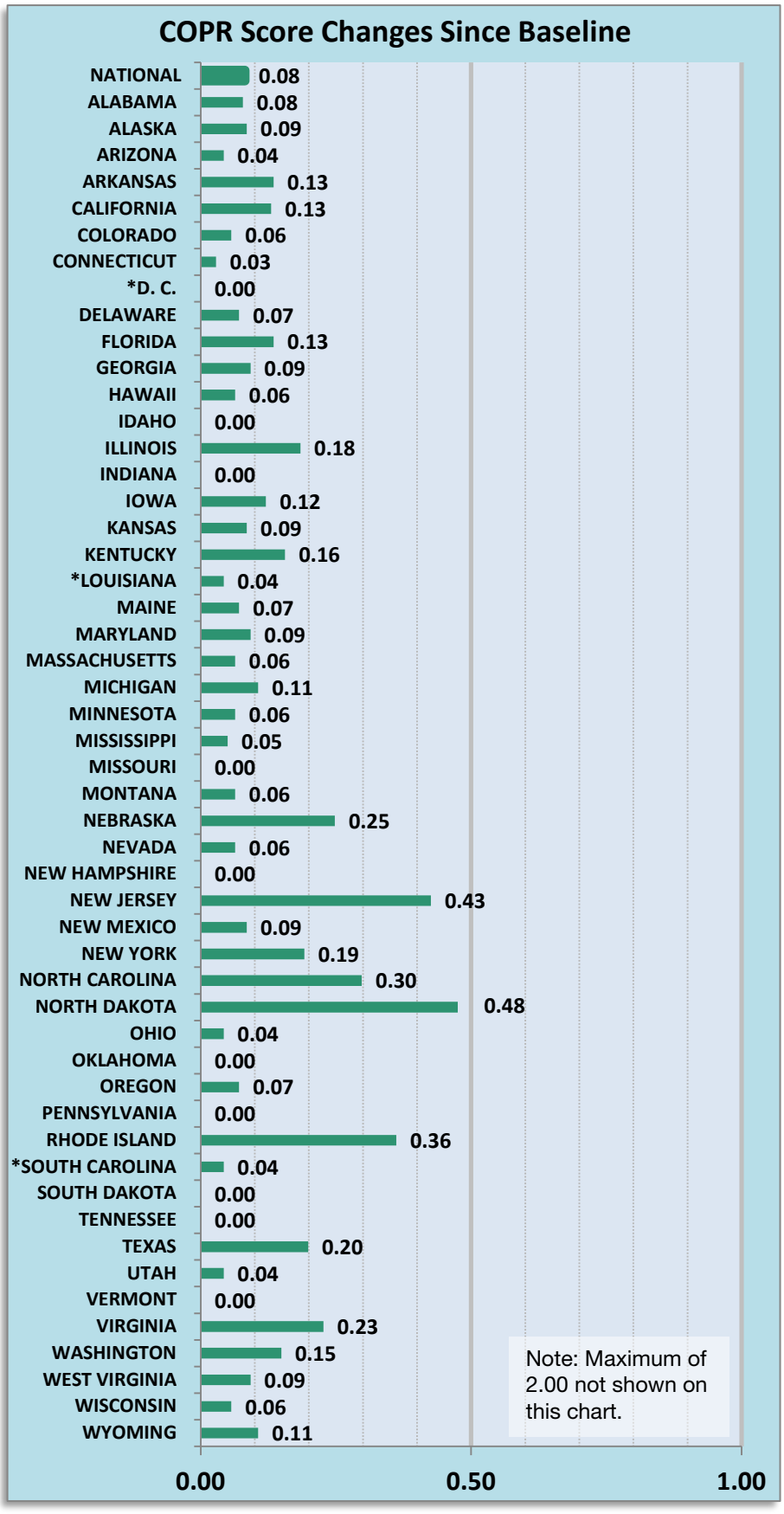
* State does not consistently regulate all types of child



The closer the COPR Score is to a value of "2," the stronger the regulatory language. (See Method, Calculation of Childcare Obesity Prevention Regulation Scores.)

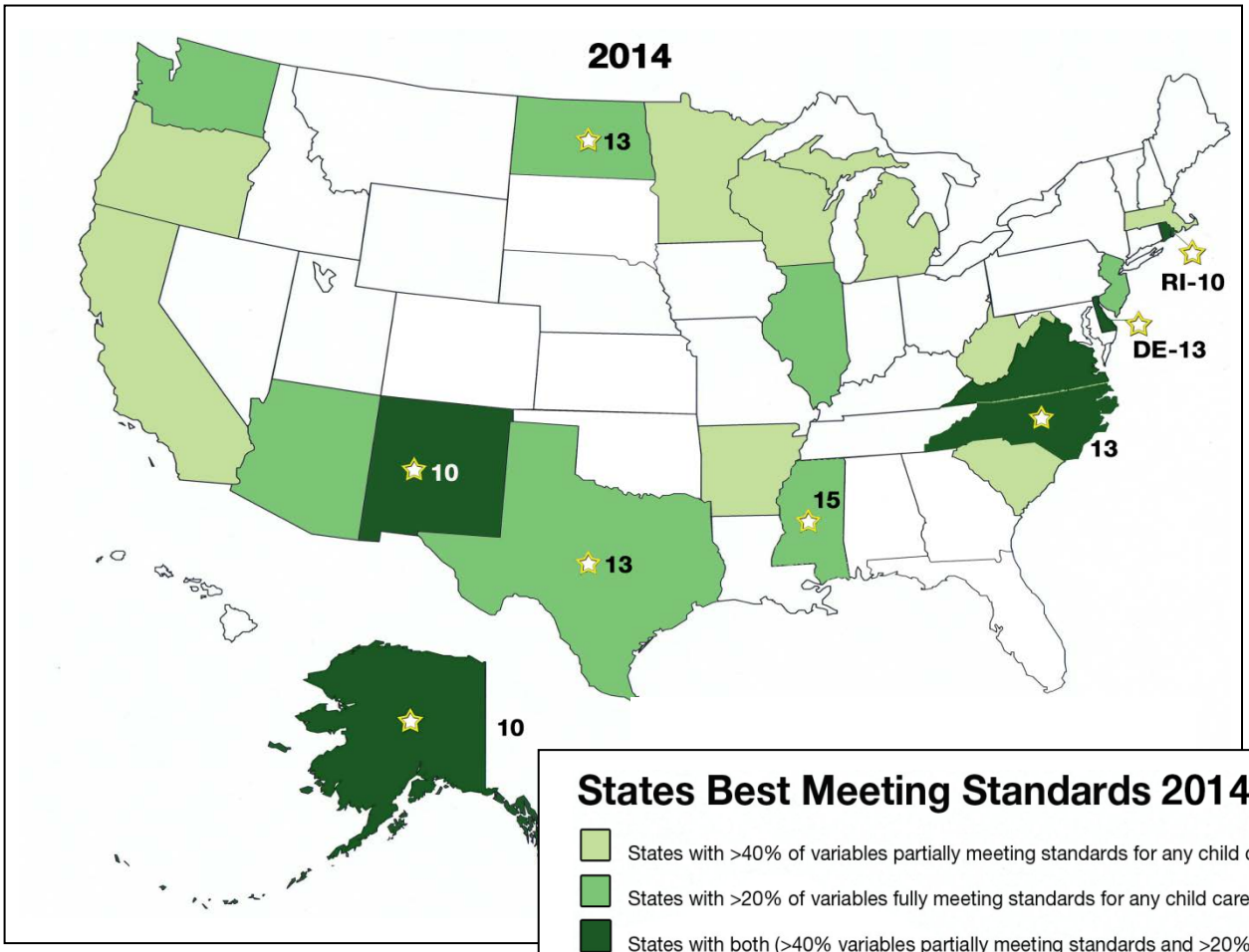
* State does not consistently regulate all types of child care.

10 states have not made any changes in regulation of healthy weight practices since 2010



* State does not consistently regulate all types of child care.

6 states (dark green) have the highest % of regulations that partially or fully support healthy weight practices

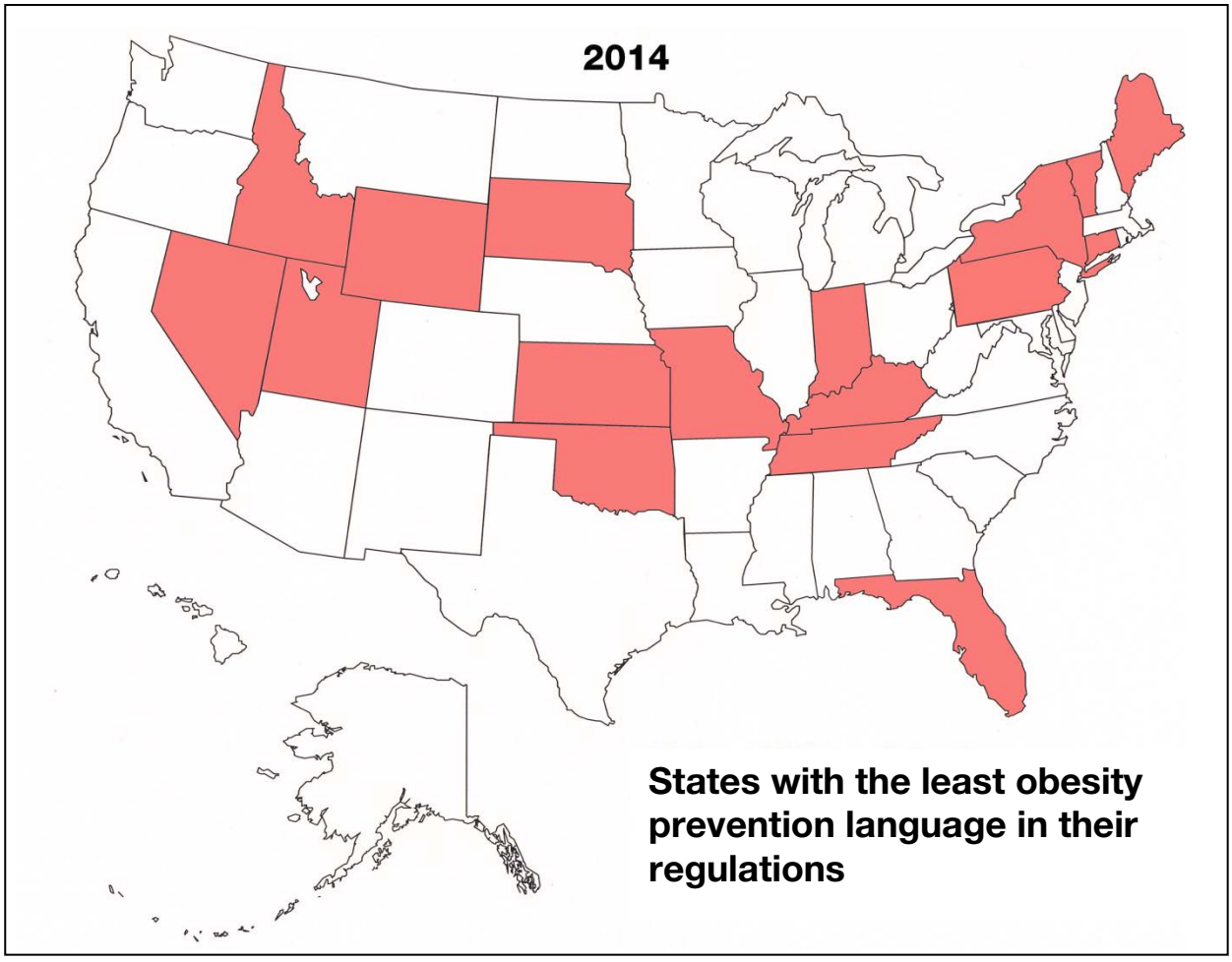


States Best Meeting Standards 2014

- States with >40% of variables partially meeting standards for any child care type
- States with >20% of variables fully meeting standards for any child care type
- States with both (>40% variables partially meeting standards and >20% of variables fully meeting standards for any child care type)
- States with >20% of variables fully meeting standards for all child care types

Note: The numbers next to the stars on the map indicate the number of variables for which the state fully met the standard in all child care types.

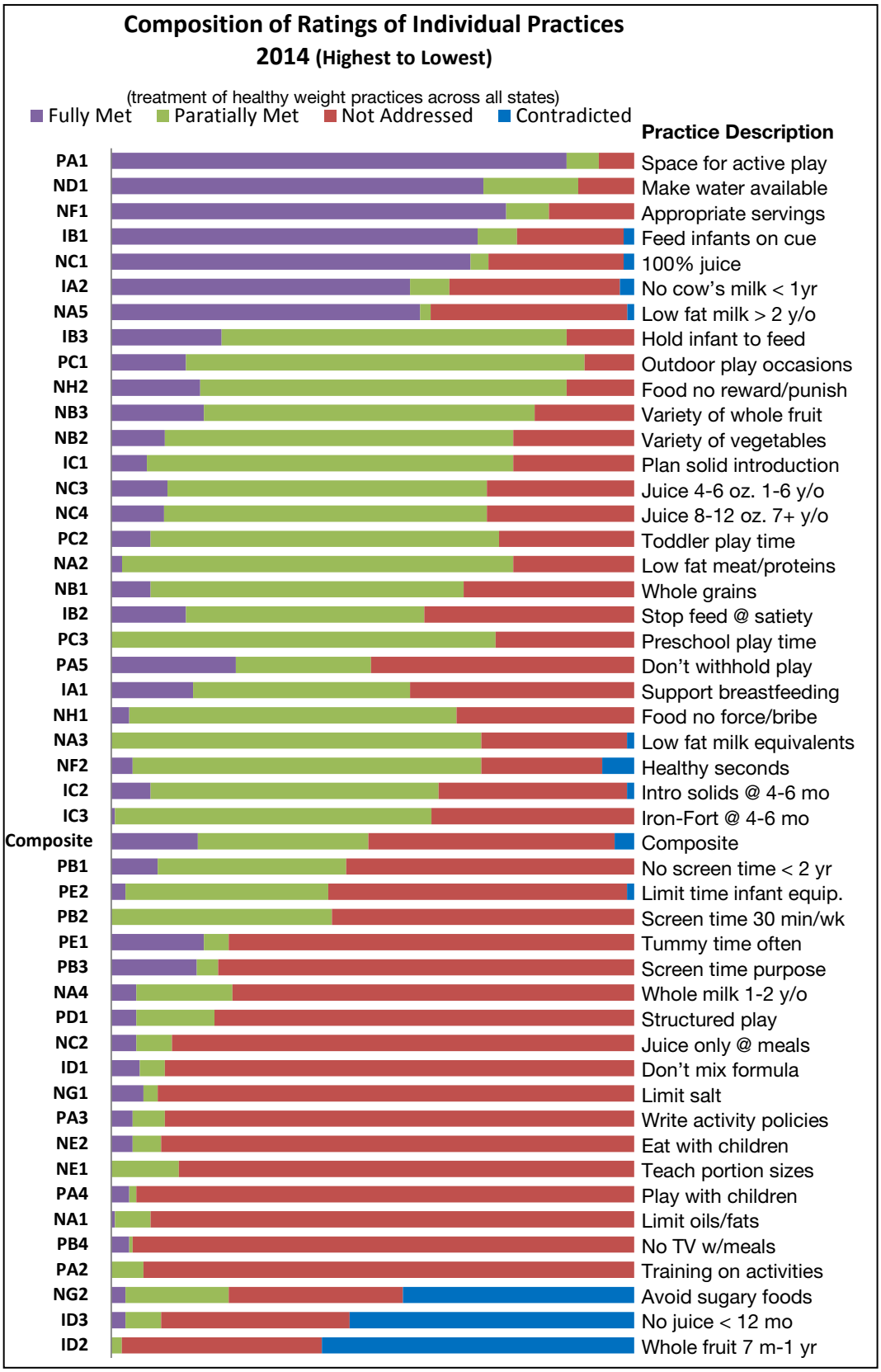
In 17 States and D. C., more than 50% of the healthy weight practices are not regulated at all



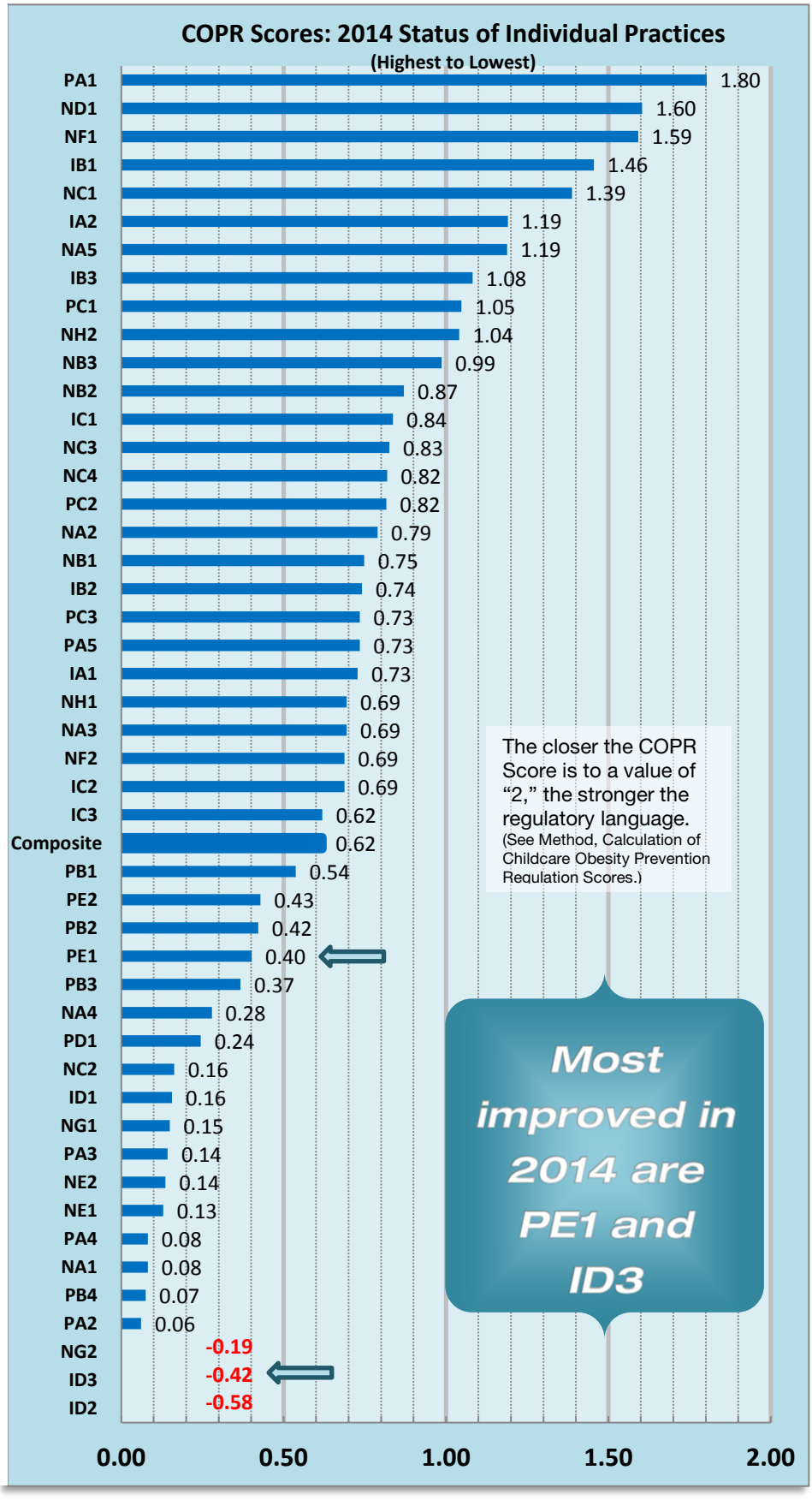
Healthy Weight Practice Results

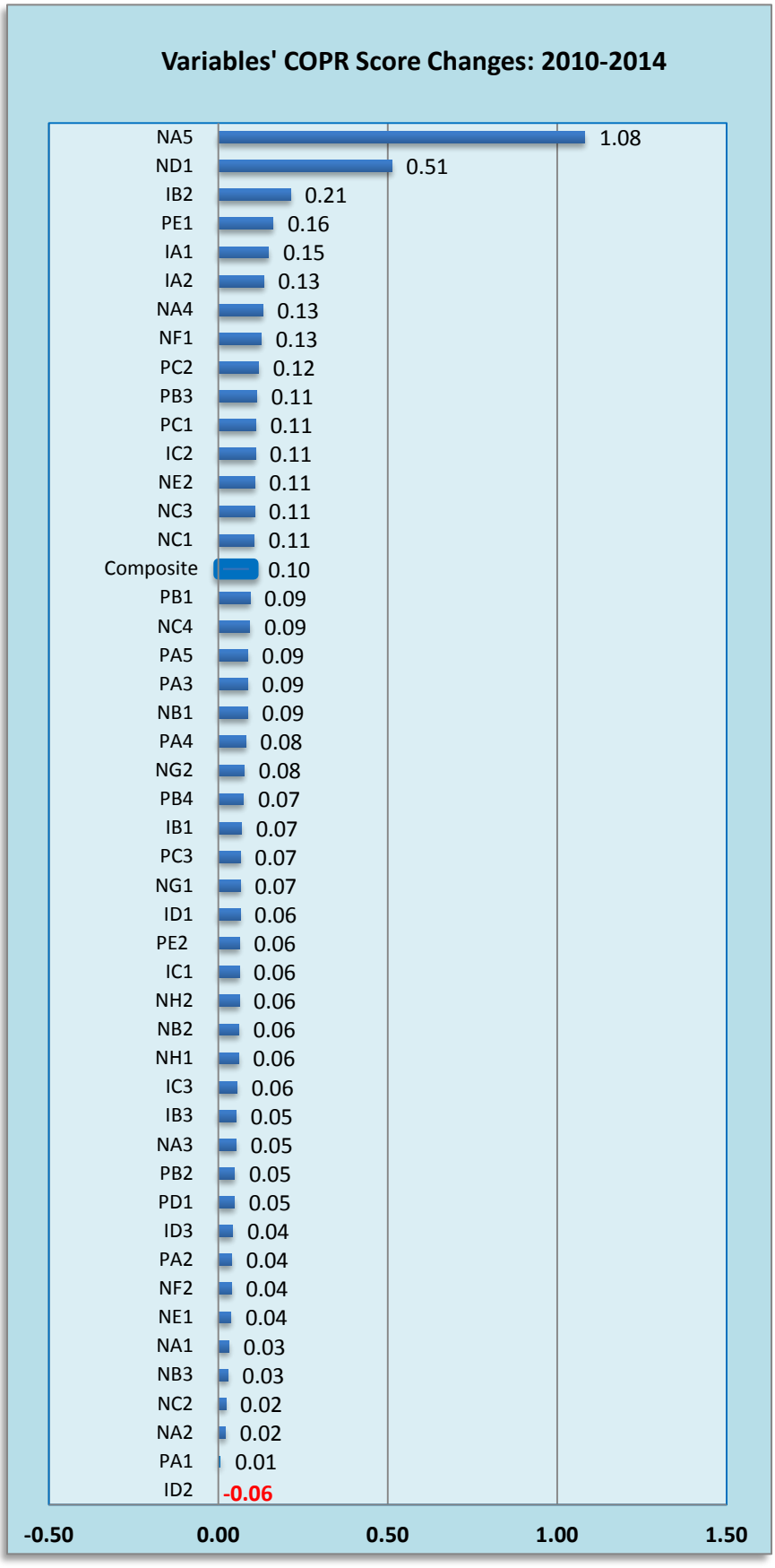
3 healthy weight practices remain frequently contradicted and 14 practices are rarely addressed (lower portion of chart)

This collection of stacked bar charts provides a visual profile of how well each healthy weight practice is addressed across all states and child care types.



Childcare Obesity Prevention Practices Quick Reference Chart	
IA1	Support breastfeeding
IA2	No cow's milk < 1yr
IB1	Feed infants on cue
IB2	Stop feed @ satiety
IB3	Hold infant to feed
IC1	Plan solid introduction
IC2	Intro solids @ 4-6 mo
IC3	Iron-Fort @ 4-6 mo
ID1	Don't mix formula
ID2	Whole fruit 7 m-1 yr
ID3	No juice < 12 mo
NA1	Limit oils/fats
NA2	Low fat meat/proteins
NA3	Low fat milk equivalents
NA4	Whole milk 1-2 y/o
NA5	Low fat milk > 2 y/o
NB1	Whole grains
NB2	Variety of vegetables
NB3	Variety of whole fruit
NC1	100% juice
NC2	Juice only @ meals
NC3	Juice 4-6 oz. 1-6 y/o
NC4	Juice 8-12 oz. 7+ y/o
ND1	Make water available
NE1	Teach portion sizes
NE2	Eat with children
NF1	Appropriate servings
NF2	Healthy seconds
NG1	Limit salt
NG2	Avoid sugary foods
NH1	Food no force/bribe
NH2	Food no reward/punish
PA1	Space for active play
PA2	Training on activities
PA3	Write activity policies
PA4	Play with children
PA5	Don't withhold play
PB1	No screen time < 2 yr
PB2	Screen time 30 min/wk
PB3	Screen time purpose
PB4	No TV w/meals
PC1	Outdoor play occasions
PC2	Toddler play time
PC3	Preschool play time
PD1	Structured play
PE1	Tummy time often
PE2	Limit time infant equip.





The chart to the left expresses (as COPR scores) changes in the strength of regulations nationally for each ASHW variable (healthy weight practice), 2010-2014.

No regulatory changes weakened healthy weight practices in 2014

Two variable changes reported in ASHW 2012, due to CACFP revisions, are still most improved since 2010:

NA5: *Serve skim or 1% pasteurized milk to children two years of age and older.*

ND1: *Make water available both inside and outside.*

Conclusion

Typically, each year since 2010, a small number of states enacted a few child care regulations impacting obesity prevention. Therefore, the ASHW assessments document very slow progress nationally toward improved regulatory language that fully supports the *PCO2/CFOC3* obesity prevention practices, with a corresponding decline in the proportion of variables that states do not address. The 2014 update is the first time no state enacted regulations that lowered its ASHW ratings.

The year of the most progress to date was recorded in the 2012 assessment. That year, state-initiated changes were supplemented by improvements in several states' ASHW ratings for two variables. The variables were associated with the USDA Food and Nutrition Service actions that strengthened healthy weight practices (for availability of water, and serving skim/1% fat milk for children age 2 and older) of the Child and Adult Care Food Program (CACFP). In early 2015, revision of the CACFP Meal Patterns remains in progress. When finalized and made effective, these changes are expected to have predominantly positive and systemic effects that strengthen several infant feeding and nutrition healthy weight practices in the many states that require licensed child care programs to follow the CACFP requirements. States that direct child care personnel to the USDA FNS CACFP webpages will have their ratings adjusted (taking into account any state-specific text that raises or lowers the CACFP ratings). It should be noted however that states that physically reproduce the Meal Patterns guidelines in their regulations– versus referring caregivers to the external CACFP Meal Pattern webpages–must revise their regulations to reflect the new changes to be assigned new ASHW ratings. That is, these states will be credited with changed CACFP ratings only if they either: 1) revise their regulations to replicate the updated Meal Patterns, or 2) remove their out-of-date information and direct providers to view and follow the guidelines at the CACFP website. Otherwise, their ASHW ratings will reflect the scores associated with the pre-revision CACFP Meal Patterns.

Finally, although slow gains in the campaign to mobilize child care regulations as a resource are accruing, even leading states have a long way to go. The coming CACFP revision most likely will have discernible, positive impact upon several states' ratings. However, even the states with the best ASHW ratings barely have passed the halfway mark in achieving child care regulations fully supportive of healthy weight practices (refer to *COPR Scores by State: Baseline (2010) and 2014*, p. 10, and the map *States with the Least Obesity Prevention Language in Their Regulations,* p. 14). Furthermore, healthy weight practices in the Physical Activity/Screen Time domain remain substantially under-addressed across the nation (refer to *Composition of Ratings of Individual Practices 2014*, p. 15). This underscores the message that, despite some progress since 2010, much remains to be done in our effort to mobilize child care licensing regulations as a resource to support the healthy weight of our youngest children.

APPENDIX **SOURCE OF ASHW VARIABLES IN PCO2/CFOC3 STANDARDS**

Appendix Table 1 displays the source standards in *PCO2* and *CFOC3* from which the *ASHW* study variables were derived. The link to the NRC's searchable *CFOC3* data base (http://cfoc.nrckids.org/index.cfm) enables viewing the complete standard(s), rationale, references and related standards for each study variable. The page numbers of source standards in the print copies of *PCO2* and *CFOC3* also are provided.

Multiple source variables. The concepts captured in some *ASHW* variables are present in different contexts in more than one *PCO2/CFOC3* standard. For example, the Infant Feeding variable IB2: do not feed beyond satiety, is a core concept that is addressed slightly differently in two standards: Standard 4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher ("observing satiety cues can limit overfeeding") and Standard 4.3.1.8 - Techniques for Bottle Feeding ("Allow infant to stop the feeding"). The table below identifies those *ASHW* variables that were informed by more than one standard, including the numbers and names of the standards.

INFANT FEEDING			***Print copy pg #***	
Variable #	**ASHW Variable Text**	**Source of Variable in *CFOC3* Standards**	***PCO2***	***CFOC3***
IA1	Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children comfortably on-site.	**4.3.1.1 - General Plan for Feeding Infants**	26	162
IA2	Serve human milk or infant formula to at least age 12 months, not cow's milk, unless written exception is provided by primary care provider and parent/guardian.	**4.3.1.7 - Feeding Cow's Milk** & **4.2.0.4 - Categories of Foods**	39 & 18	169 & 155
IB1	Feed infants on cue.	**4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher** & **4.3.1.8 - Techniques for Bottle Feeding**	27 & 33	164 & 170
IB2	Do not feed infants beyond satiety; Allow infant to stop the feeding.	**4.3.1.2 - Feeding Infants on Cue by a Consistent Caregiver/Teacher** & **4.3.1.8 - Techniques for Bottle Feeding**	27 & 33	164 & 170
IB3	Hold infants while bottle feeding; Position an infant for bottle feeding in the caregiver/teacher's arms or sitting up on the caregiver/teacher's lap.	**4.3.1.8 - Techniques for Bottle Feeding**	33	170
IC1	Develop a plan for introducing age-appropriate solid foods (complementary foods) in consultation with the child's parent/guardian and primary care provider.	**4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants**	35	172
IC2	Introduce age-appropriate solid foods (128 a) no sooner than 4 months of age, and preferably around 6 months of age.	**4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants**	35	172
IC3	Introduce breastfed infants gradually to iron-fortified foods no sooner than four months of age, but preferably around six months to complement the human milk.	**4.3.1.11 - Introduction of Age-Appropriate Solid Foods to Infants**	35	172
ID1	Do not feed an infant formula mixed with cereal, fruit juice or other foods unless the primary care provider provides written instruction.	**4.3.1.5 - Preparing, Feeding, and Storing Infant Formula**	31	167
ID2	Serve whole fruits, mashed or pureed, for infants 7 months up to one year of age.	**4.2.0.4 - Categories of Foods**	18	155
ID3	Serve no fruit juice to children younger than 12 months of age.	**4.2.0.4 - Categories of Foods** & **4.2.0.7 - 100% Fruit Juice**	18 & 21	155 & 157

NUTRITION			Print copy pg #	
Variable #	ASHW Variable Text	Source of Variable in *CFOC3* Standards	*PCO2*	*CFOC3*
NA1	Limit oils by choosing monounsaturated and polyunsaturated fats (such as olive oil or safflower oil) and avoiding trans fats, saturated fats and fried foods.	4.2.0.4 - Categories of Foods	18	155
NA2	Serve meats and/or beans - chicken, fish, lean meat, and/or legumes (such as dried peas, beans), avoiding fried meats.	4.2.0.4 - Categories of Foods	18	155
NA3	Serve other milk equivalent products such as yogurt and cottage cheese, using low-fat varieties for children 2 years of age and older.	4.2.0.4 - Categories of Foods	18	155
NA4	Serve whole pasteurized milk to twelve to twenty-four month old children who are not on human milk or prescribed formula, or serve reduced fat (2%) pasteurized milk to those who are at risk for hypercholesterolemia or obesity	4.3.2.3 - Encouraging Self-Feeding by Older Infants and Toddlers	39	175
NA5	Serve skim or 1% pasteurized milk to children two years of age and older.	4.3.2.3 - Encouraging Self-Feeding by Older Infants and Toddlers	39	175
NB1	Serve whole grain breads, cereals, and pastas.	4.2.0.4 - Categories of Foods	18	155
NB2	Serve vegetables, specifically, dark green, orange, deep yellow vegetables; and root vegetables, such as potatoes and viandas.	4.2.0.4 - Categories of Foods	18	155
NB3	Serve fruits of several varieties, especially whole fruits.	4.2.0.4 - Categories of Foods	18	155
NC1	Use only 100% juice with no added sweeteners.	4.2.0.7 - 100% Fruit Juice	21	157
NC2	Offer juice only during meal times.	4.2.0.7 - 100% Fruit Juice	21	157
NC3	Serve no more than 4 to 6 oz juice/day for children 1-6 years of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice	17 & 21	155 & 157
NC4	Serve no more than 8 to 12 oz juice/day for children 7-12 years of age.	4.2.0.4 - Categories of Foods & 4.2.0.7 - 100% Fruit Juice	18 & 21	155 & 157
ND1	Make water available both inside and outside.	4.2.0.6 - Availability of Drinking Water	20	157
NE1	Teach children appropriate portion size by using plates, bowls and cups that are developmentally appropriate to their nutritional needs.	4.3.2.2 - Serving Size for Toddlers and Preschoolers & 4.7.0.1 - Nutrition Learning Experiences for Children	38 & 46	174 & 183
NE2	Require adults eating meals with children to eat items that meet nutrition standards.	4.5.0.4 - Socialization During Meals	41	179
NF1	Serve small-sized, age-appropriate portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers	38	174
NF2	Permit children to have one or more additional servings of the nutritious foods that are low in fat, sugar, and sodium as needed to meet the caloric needs of the individual child; Teach children who require limited portions about portion size and monitor their portions.	4.3.2.2 - Serving Size for Toddlers and Preschoolers & 4.5.0.4 - Socialization During Meals	38 & 41	174 & 179
NG1	Limit salt by avoiding salty foods such as chips and pretzels.	4.2.0.4 - Categories of Foods	18	155
NG2	Avoid sugar, including concentrated sweets such as candy, sodas, sweetened drinks, fruit nectars, and flavored milk.	4.2.0.4 - Categories of Foods	18	155
NH1	Do not force or bribe children to eat.	4.5.0.11 - Prohibited Uses of Food	43	182
NH2	Do not use food as a reward or punishment.	4.5.0.11 - Prohibited Uses of Food	43	182

PHYSICAL ACTIVITY/SCREEN TIME			Print copy pg #	
Variable #	ASHW Variable Text	Source of Variable in *CFOC3* Standards	*PCO2*	*CFOC3*
PA1	Provide children with adequate space for both inside and outside play.	3.1.3.1 - Active Opportunities for Physical Activity	51	90
PA2	Provide orientation and annual training opportunities for caregivers/teachers to learn about age-appropriate gross motor activities and games that promote children's physical activity.	3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity	57	95
PA3	Develop written policies on the promotion of physical activity and the removal of potential barriers to physical activity participation.	9.2.3.1 - Policies and Practices that Promote Physical Activity	58	353
PA4	Require caregivers/teachers to promote children's active play, and participate in children's active games at times when they can safely do so.	3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity	57	95
PA5	Do not withhold active play from children who misbehave, although out-of-control behavior may require five minutes or less calming periods to help the child settle down before resuming cooperative play or activities.	3.1.3.1 - Active Opportunities for Physical Activity	51	90
PB1	Do not utilize media (television [TV], video, and DVD) viewing and computers with children younger than two years.	2.2.0.3 - Limiting Screen Time – Media, Computer Time	59	66
PB2	Limit total media time for children two years and older to not more than 30 minutes once a week; Limit screen time (TV, DVD, computer time).	2.2.0.3 - Limiting Screen Time – Media, Computer Time & 3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity	59 & 57	66 & 95
PB3	Use screen media with children age two years and older only for educational purposes or physical activity.	2.2.0.3 - Limiting Screen Time – Media, Computer Time	59	66
PB4	Do not utilize TV, video, or DVD viewing during meal or snack time.	2.2.0.3 - Limiting Screen Time – Media, Computer Time	59	66
PC1	Provide daily for all children, birth to six years, two to three occasions of active play outdoors, weather permitting.	3.1.3.1 - Active Opportunities for Physical Activity	51	90
PC2	Allow toddlers sixty to ninety minutes per eight-hour day for vigorous physical activity.	3.1.3.1 - Active Opportunities for Physical Activity	51	90
PC3	Allow preschoolers ninety to one-hundred and twenty minutes per eight-hour day for vigorous physical activity.	3.1.3.1 - Active Opportunities for Physical Activity	52	90
PD1	Provide daily for all children, birth to six years, two or more structured or caregiver/ teacher/ adult-led activities or games that promote movement over the course of the day—indoor or outdoor.	3.1.3.1 - Active Opportunities for Physical Activity & 3.1.3.4 - Caregivers'/Teachers' Encouragement of Physical Activity	51 & 57	90 & 95
PE1	Ensure that infants have supervised tummy time every day when they are awake.	3.1.3.1 - Active Opportunities for Physical Activity	51	90
PE2	Use infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. only for short periods of time if at all.	3.1.3.1 - Active Opportunities for Physical Activity	51	90