

# Feasibility of Implementing High-Impact Nutrition Standards in Family Child Care Homes

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 **University of California**  
Agriculture and Natural Resources



# NUTRITION STANDARDS

Developed by 2 panels of child care and nutrition experts

## 2 CATEGORIES

What

How

## 2 AGE GROUPS

Infants

Children

## 2 TIERS

Impact

Ease

# Developing Evidence-Based and Actionable Nutrition Standards for Family Child Care Settings

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## Abstract

The purpose of this study was to develop nutritionally ideal standards for family child care settings, and refine those standards to be practicable for family child care providers. Science advisors developed a comprehensive set of ideal nutrition standards for infants (0-1 years) and children (>1 years). The nutrition standards were synthesized based on evidence-based impact by science advisors and feasible recommendations by practice-based advisors into a set of family child care nutrition standards that are realistic and impactful on nutritional health. Future research is needed to determine which nutrition standards are most important for obesity prevention in family child care.



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# POLICY BRIEF: Piloting the Feasibility of Nutrition Standards in Family Child Care



**SUMMARY:** Research shows that young children from low-income households spend a considerable amount of time in child care.<sup>1</sup> That means child care providers play an integral role in shaping the healthy development of vulnerable children. In California – where 23% of children live in poverty – child care offers an unequalled opportunity to support the nutritional needs of low-income children who are more likely to suffer from poor nutrition.<sup>2</sup> This policy brief introduces a set of evidenced-based nutrition standards that have been scored for nutritional standards and feasibility of application. This brief also describes how these standards can be used to enhance the quality of nutrition in child care while protecting the viability of the licensed family child care workforce.

## BACKGROUND

Recognizing the significant impact policy can have on increasing access to healthy food in child care, California Food Policy Advocates (CFPA) sponsored legislation in 2012 (AB 1872, Alejo) that would have required all licensed family child care homes (FCCHs) to follow nutrition standards. Despite broad support from advocates and the Legislature, Governor Brown vetoed the legislation, expressing reluctance to impose a potentially 'confusing mandate' on the child care workforce. In order to inform future policy efforts, CFPA has partnered with the University of California's Nutrition Policy Institute (NPI) to identify a set of nutrition standards that are both nutritionally sound and feasible for the licensed FCCH workforce.

## NEXT STEPS

The nutrition standards have been translated into a policy-relevant intervention. This intervention will be pilot tested to measure the effectiveness of the standards and their suitability for regional or state policy. The pilot will generate information necessary to better understand FCCH providers' capacity to implement the standards and the standards' effects on nutrition in FCCHs. CFPA will reconvene the advisory group after pilot testing to help interpret the findings and to identify policy opportunities that meet the needs of California's children and the providers who care for them.

## METHODOLOGY

CFPA and NPI convened a panel of eminent nutrition experts to identify a set of nutritionally ideal, research-based, age-appropriate nutrition standards. The standards were then vetted for feasibility of use in the FCCH setting by an advisory group of child care providers, administrators, and advocates. Each standard was scored and systematically tiered by comparing advisors' assessments of nutritional impact and feasibility. Gathering input from two separate sets of advisors – one with research-based nutrition expertise and another with in-depth knowledge of FCCHs – enabled the development of standards that are nutritionally ideal, while also accounting for the practical realities faced by licensed FCCH providers (see Tables 1, 2 and 3).

## POLICY RECOMMENDATIONS

Even before pilot testing, the nutrition standards developed through this collaborative process have immediate policy relevance. Policy makers can support young children's healthy development by elevating the quality of nutrition in FCCHs. Policy makers should prioritize the following actions to support the nutritional needs of young children:

1. Work with advocates and providers to better understand nutrition practices in child care and the role of providers on nutrition and healthy development.
2. Support local actions and policies to implement high impact nutrition standards that are easy to implement in the FCCH setting.

## ACKNOWLEDGMENTS

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For more information about the standards-development process visit: <http://npi.ucanr.edu/files/238541.pdf>  
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NPI.ucanr.edu

CFPA.net

# Timeline



- **Self-paced materials**
- **2-hour in-person class**
- **Baseline compliance**
- **English & Spanish**

# Sample Characteristics (n=30)

Sites on CACFP 83%

Number of children (1-5 years) 7

## Provider race/ethnicity

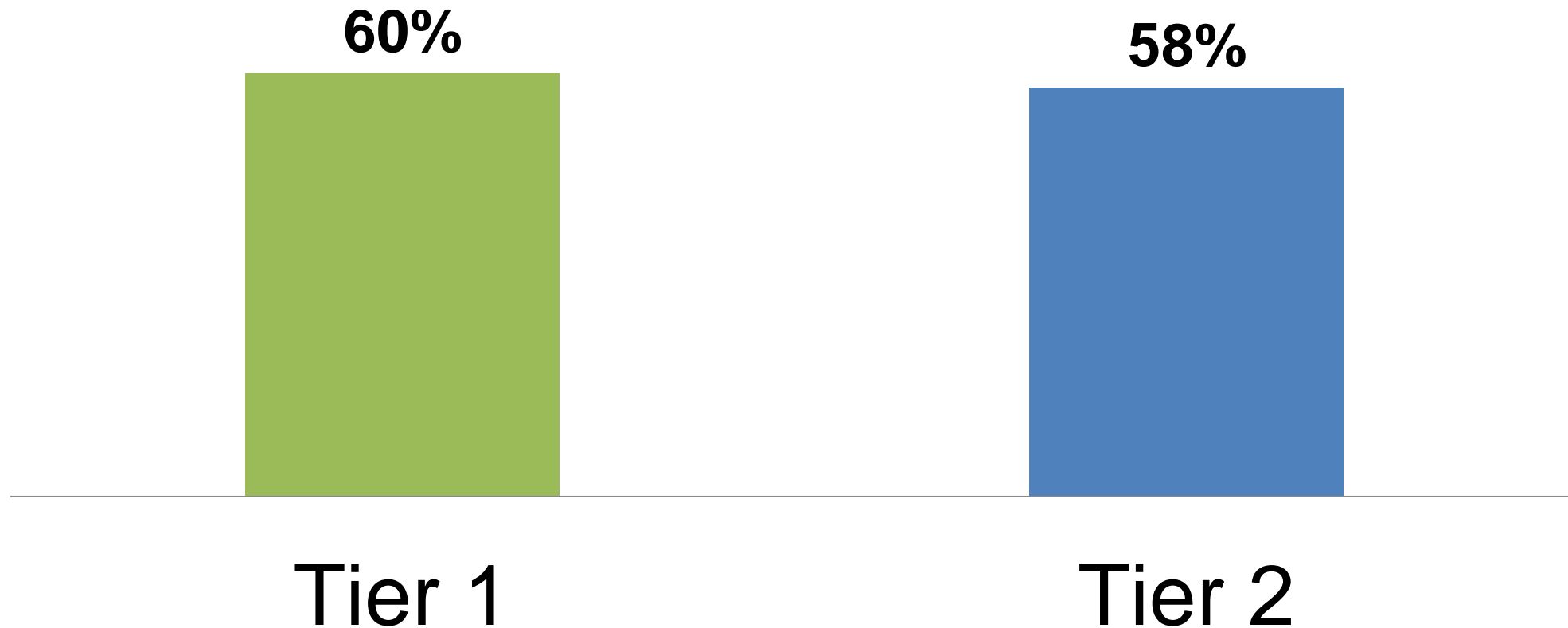
Hispanic	63%
Non-Hispanic White	27%
Non-Hispanic Black	7%
Non-Hispanic Asian	3%

## Provider education

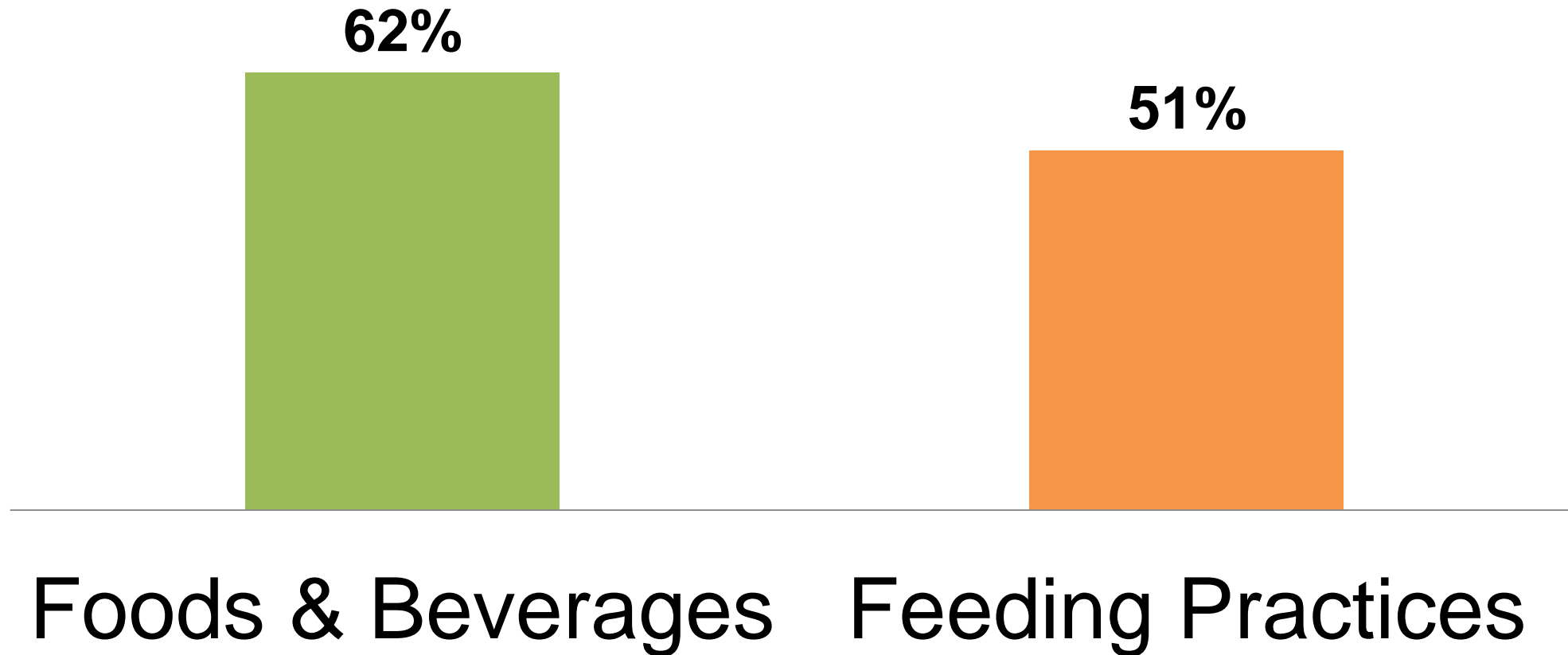
<High school	10%
High school	20%
≥Some college	70%



# How did providers comply with nutrition standards BEFORE training?



# How did providers comply with nutrition standards BEFORE training?



**Which standards had the highest compliance?**

**Baseline Compliance**

*75% or higher*



# WHAT Served to Children 1 year or older

Standard	% Compliant
Dark green/orange/red/deep yellow vegetables $\geq 1$ time per day	100%
No low calorie sweeteners or items containing diet sweeteners	93%
No salt added at the table	93%
No sugar-sweetened beverages <sup>1</sup>	83%
Yogurt $\leq 1$ time per day, $< 23$ g sugar per 6oz	76%
For 12-24 month olds, unflavored whole milk $\geq 2$ times per day	79%
No high salt foods	76%

# HOW Children 1 year or older Served

Standard	% Compliant
≥ 2 meals and 2 snacks for care ≥ 8 hours	100%
Allow enough time to eat <sup>1</sup>	100%
Do not use foods/beverages as reward/punishment or for comfort <sup>1</sup>	97%
When drink is provided at celebrations/fundraisers offer only healthy	96%
Provider models healthy eating and doesn't consume other items in front of children	87%
≥ 1 meal and 1 snack for care < 8 hours	82%

**How did providers comply AFTER  
training?**

# How did providers comply AFTER training?



27  
of 38  
standards

12%  
foods and  
beverages

9%  
feeding  
practices

**How did providers comply  
AFTER training?**

***for standards with <75% at baseline***

# Compliance Increased for **WHAT** Served

Standard	CHANGE
No more than one age-appropriate sized serving of 100% juice per day <sup>1</sup>	+7%
No deep-fried or pre-fried baked vegetables <sup>1</sup>	+10%
Yogurt < 1 time/day, <23g sugar per 6 oz	+13%
Fruit ≥2 times per day <sup>1</sup>	+14%
Only fruit that is fresh, frozen, or canned in water (no added sugars) <sup>1</sup>	+17%
No foods high in added sugar <sup>1</sup>	+17%
No white grains or white grain-based desserts	+17%
For children ≥24 months old, unflavored fat-free or 1% milk ≥2 times/day	+20%
No processed or deep/pre-fried meats/fish <sup>1</sup>	+20%
Use only liquid non-tropical vegetable oils instead of solid fats	+21%
Rarely or never offer 100% fruit juice <sup>1</sup>	+27%
Natural low /reduced-fat cheese ≤1-2 times/day; no cheese food/spread	+37%

# Compliance Increased for HOW Served

Standard	CHANGE
Family-style meals/snacks; teach children to serve selves age-appropriate portion sizes with assistance as needed	+7%
Dishware/utensils sized appropriately <sup>1</sup>	+7%
Do not pressure to eat or clean plate; meal conversation not focused on amounts <sup>1</sup>	+10%
At least one provider sits with children and eats same meals and snacks	+10%
Meals/snacks every 2-3 hours at regularly scheduled times	+20%
Minimize distractions while eating	+27%
At celebrations or fundraisers offer only healthy items	+32%

# Compliance Did Not Change or Decreased for Some

## Standard

Vegetables  $\geq$  2 times per day<sup>1</sup>

Lean protein  $\geq$  2 times per day<sup>1</sup>

Offer a variety of culturally-relevant items

Ask children if full before remove plates and ask if hungry before serve seconds

Self-serve water indoors/outdoors; actively offer with meals/snacks<sup>1</sup>

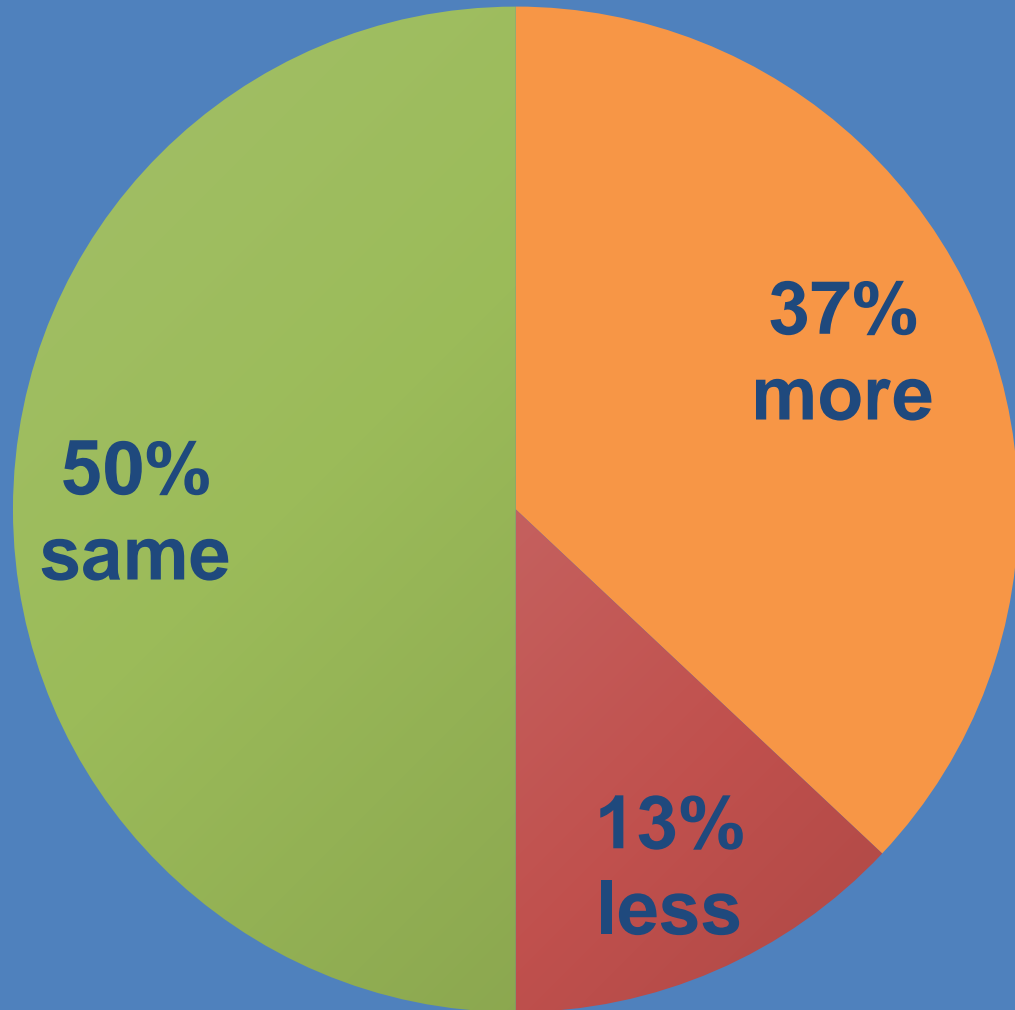
Expect children to: eat a lot at some meals and very little at others, not to eat everything offered; change likes/dislikes; be messy; take months/years to accept new foods



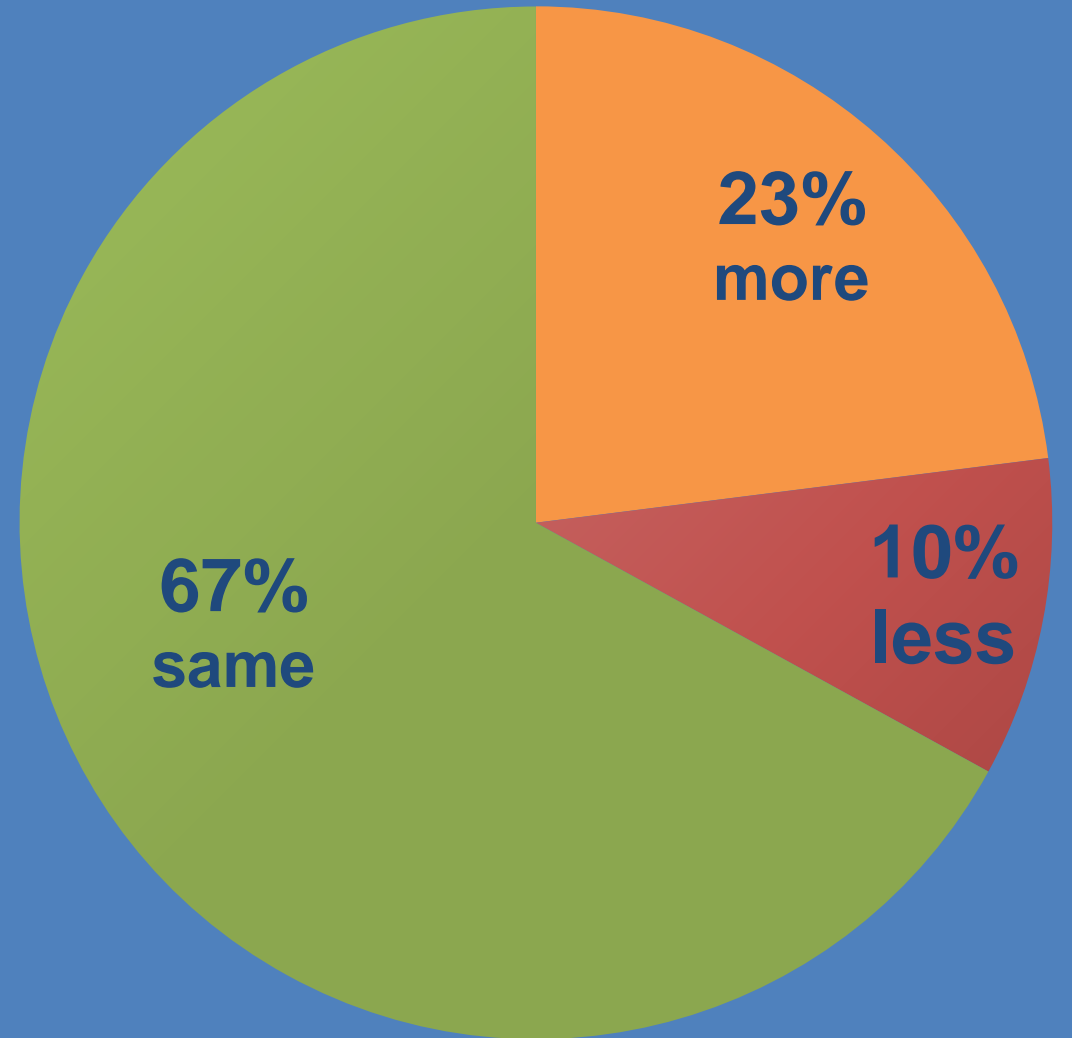
# What about COSTS?



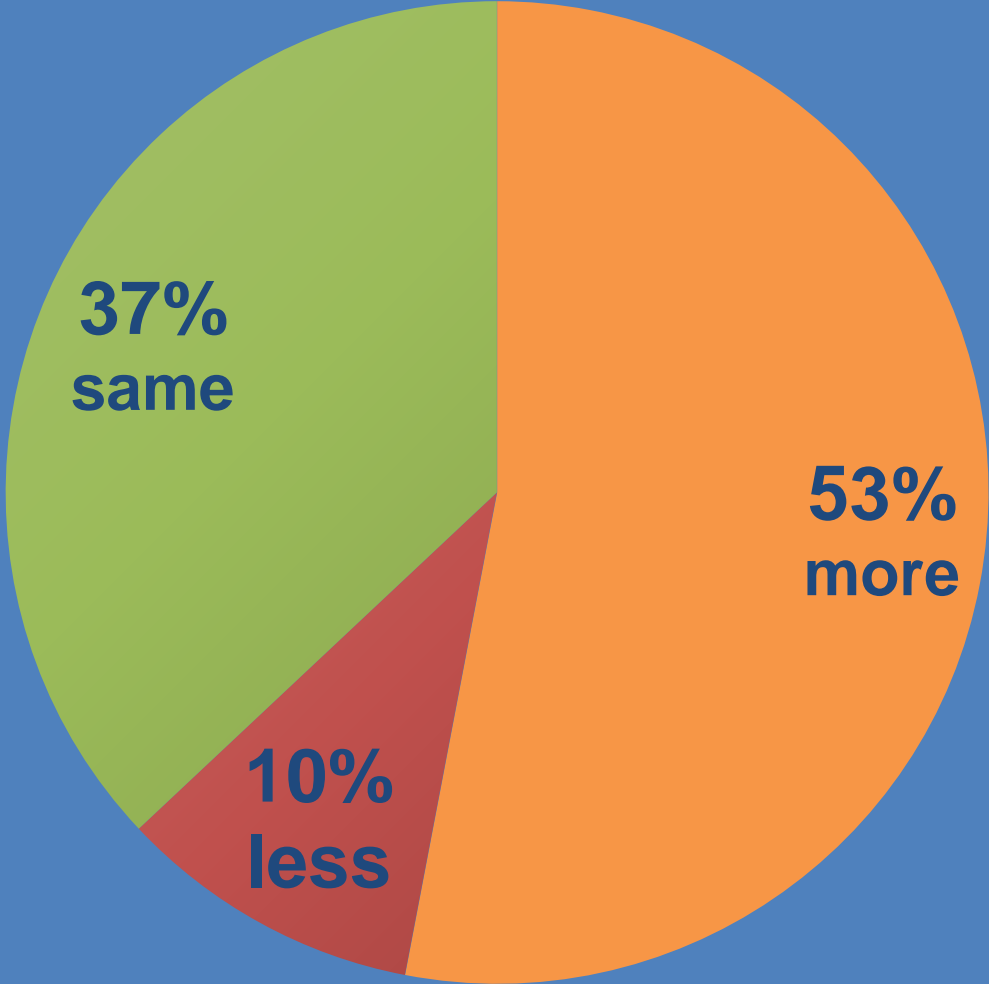
# Food & Beverages



# Food Prep Supplies



# Provider Time



For ~half, returned to normal over time



# Lessons Learned

- Providers highly satisfied with training
- “Easy” or “Hard” doesn’t necessarily translate to whether providers already doing a standard
- Compliance high at baseline for one-third of standards
- Compliance increased after training for most standards
- More support needed for several standards
- Implementing standards is feasible for family child care homes



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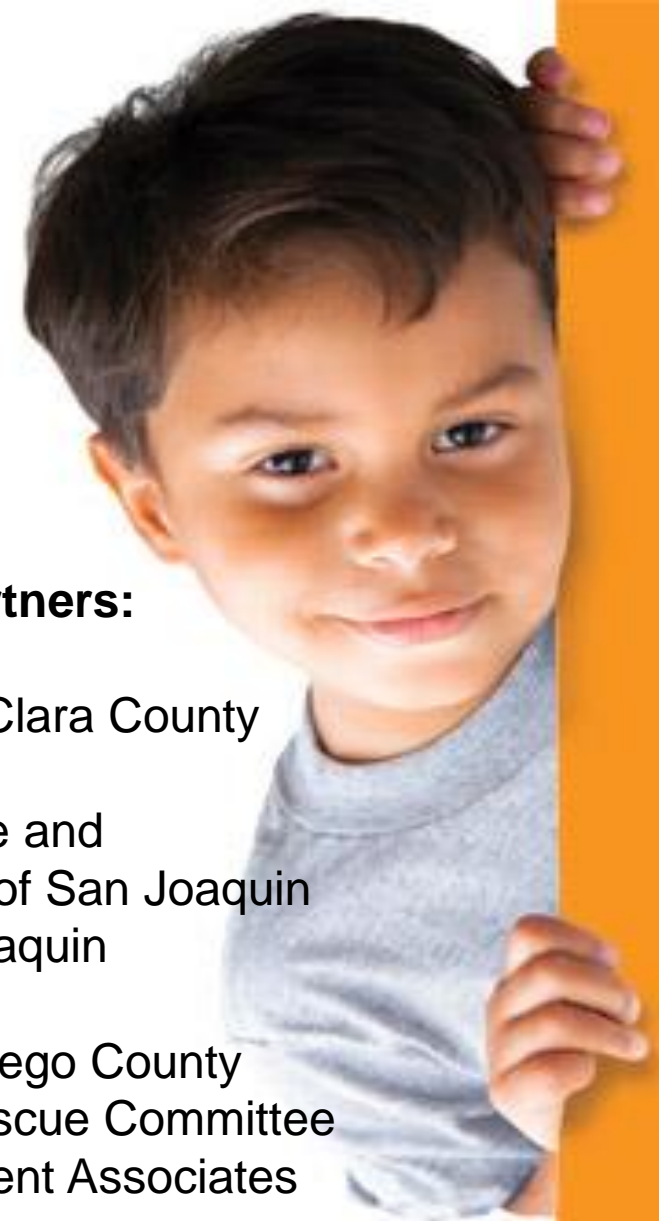


## **Community partners:**

FIRST 5 Santa Clara County

Family Resource and  
Referral Center of San Joaquin  
FIRST 5 San Joaquin

YMCA of San Diego County  
International Rescue Committee  
Child Development Associates





**Thanks for your attention!**

For more information please contact: [Iritchie@ucanr.edu](mailto:Iritchie@ucanr.edu)