

TV Viewing and Childhood Obesity:
Minnesota Initiative in the Child Care Setting

Report from May 6, 2009, Videoconference

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This report was part of a project of the Minnesota Nutrition, Physical Activity and Obesity (NPAO) Program to address TV viewing and childhood obesity. The report was created by staff in the Chronic Disease Risk Reduction Unit within the Center for Health Promotion in the Division of Health Promotion and Chronic Disease at the Minnesota Department of Health. For more information about the Minnesota Department of Health obesity prevention efforts, visit www.health.state.mn.us/obesity.

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I. Introduction

On May 6, 2009, the Minnesota Department of Health and the National Institute on Media and the Family jointly sponsored a videoconference titled "TV Viewing and Childhood Obesity: Minnesota Initiative in the Child Care Setting". The purpose of the videoconference was to provide information about the connection between TV viewing and childhood obesity in order to examine how policies and practices in child care settings could influence children's habits in the areas of nutrition, physical activity and TV viewing time.

Nutrition and physical activity have obvious and well-researched influences on obesity. There is a growing body of evidence suggesting a connection between TV viewing and obesity, although that connection is not clearly understood. In the brief below, the Centers for Disease Control and Prevention describes proposed mechanisms.

Background Brief – TV viewing and obesity

Studies have found a positive association between the number of hours children and adults watch television and the prevalence of overweight and obesity.^{1,2,3} A school-based intervention has shown that children who reported a decrease in time watching television also had a decrease in body mass index (BMI).⁴ Research also shows a link between TV viewing in childhood and obesity in adulthood.^{5,6}

Proposed mechanisms for the relationship between TV viewing and obesity include:

- a reduction of resting metabolic rate while watching TV
- displacement of physical activity
- excess energy intake while watching TV
- exposure to marketing of high-energy-dense foods^{5,6}

References

¹ Roberts DF, Foehr UG, Rideout V. Generation M: media in the lives of 8-18 Year-olds. Menlo Park, CA: Henry J. Kaiser Family Foundation, 2005.

² Bowman SA. Television-viewing characteristics of adults: correlations to eating practices and overweight and health status. *Prev Chronic Dis* 2006;3(2). Accessed April 10, 2009 at http://www.cdc.gov/pcd/issues/2006/apr/05_0139.htm

³ Marshall SJ, Biddle SJH, Gorely T, et al. Relationships between media use, body fatness, and physical activity in children and youth: a meta-analysis. *Int J Obes* 2004;28:1238-46.

⁴ Robinson T. Reducing children's television viewing to prevent obesity: a randomized controlled trial. *JAMA* 1999;282:1561-67.

⁵ Viner RM, Cole TJ. Television viewing in early childhood predicts adult body mass index. *J Pediatr* 2005;147:429-35.

⁶ Hancox RJ, Milne BJ, Poulton R. Association between child and adolescent television viewing and adult health: a longitudinal birth cohort study. *Lancet* 2004;364:257-62.

This information is an excerpt from the State Nutrition, Physical Activity and Obesity Program; Technical Assistance Manual; January 2008; Centers for Disease Control and Prevention; Division of Nutrition, Physical Activity and Obesity.

The target audience for the videoconference was professionals who work with and have influence on child care providers in a variety of settings, including health educators working in local public health or tribal settings, child care licensers, child care resource and referral professionals, and others working in child care, public health or a closely related field. A total of 142 people at 11 sites across Minnesota participated in the videoconference.

This final report from the videoconference summarizes the local discussions that took place during the videoconference, participants' interest in further resources on related topics as reported in conference evaluations, and several current research studies on health policy in child care programs across the 50 states. It is hoped that the professionals who attended the videoconference will use this information to influence health practices in child care settings which may ultimately contribute to the reduction of childhood obesity.

II. Executive Summary

On May 6, 2009, the Chronic Disease Risk Reduction Unit of the Minnesota Department of Health and the National Institute on Media and the Family jointly sponsored a videoconference titled “TV Viewing and Childhood Obesity: Minnesota Initiative in the Child Care Setting”. See Appendix A for the videoconference agenda. A total of 142 people attended the videoconference at 11 sites across Minnesota. The participants included health educators working in local public health or tribal settings, child care licensers, child care resource and referral professionals, and others working in child care, public health or a closely related field.

Dr. David Walsh, president and founder of the National Institute on Media and the Family, presented information about the influence of electronic media on children’s brain development and examined the connections between TV viewing and childhood obesity. Mary Margaret Reagan-Montiel and Ea Porter, also from the Institute, introduced videoconference participants to the **through-u: Families Become MediaWise®** program. Each participant received a **through-u** training kit designed to educate parents and child care providers about the impact of media and provide strategies to “maximize the benefits and minimize the harm” of media on the children in their care. Tim Hennessey, representing Hennepin County’s child care licensing unit, explained child care licensing regulations governing nutrition, physical activity and TV viewing (screen) time in licensed family child care programs in Minnesota.

Following these presentations, the participants at each site were asked to discuss 3 questions about TV viewing policies and practices. The best ideas from each site were shared with the entire group attending the videoconference. Most of the recommendations acknowledge that since so many children spend time in care outside of their homes, the practices of their child care programs are an important factor in their dietary intake and physical activity levels as well as their TV viewing habits, and can therefore have an impact on childhood obesity. The ideas generated at the videoconference fell into several categories, including educating parents and child care providers and strengthening child care licensing regulations. Participants also suggested many “best practices” that child care programs could adopt. The questions and a summary of responses are included in Section III – Local Recommendations.

The videoconference evaluation, completed by 105 of the 142 people who had attended the videoconference, asked about interest in various topics and preferences for how the information is delivered. Information about physical activity and nutrition for preschoolers, delivered by means of email, was the most requested, but there was considerable interest in a range of topics. More detail can be found in Section IV – Interest in Resources.

In addition to the **through-u: Families Become MediaWise®** training kit, each person who was registered for the videoconference received a list of resources including websites, programs and research relevant to the day’s topics. See Appendix B for the videoconference resources handout

The information gathered from the videoconference participants will be used by the Minnesota Department of Health and the National Institute on Media and the Family to shape future plans, policies and training opportunities.

III. Local Recommendations

Group discussions during the videoconference addressed three questions to the participants at each site:

- Based on your experiences, what TV viewing policies or practices have helped or hindered children's obesity prevention/healthy physical development?
- What concerns do you have in your role to address childhood obesity / children's health as it is impacted by TV viewing?
- What recommendations or best practices are you aware of that address these issues in the child care setting?

What follows is a summary of local recommendations reported in response to these questions. The responses are divided into nine general categories and arranged in order from most common to least common responses.

1. PROMOTE BEST PRACTICES

The most responses by far were in the form of best practices for child care providers and programs. The largest number of these concern screen time, many of which recommended limiting TV viewing or computer/videogame playing by time or content or both. Some suggested alternatives to TV viewing, such as games, reading, more active pursuits like biking, service projects, and moving inside activities such as art projects outside for added interest.

The next largest group of best practices concerned physical activity, most addressing the advantages of regular, structured and unstructured play, both inside and outside. A number of respondents mentioned that some forms of media, such as Nintendo Wii, Dance Dance Revolution and exercise videos, can actually be used to encourage physical activity. A smaller but significant number observed that providers who offer a structured curriculum with little or no TV viewing usually also include daily outside time and, in general, offer the highest quality programs.

Most of the nutrition-related suggestions concerned serving healthy meals and snacks and limiting "junk food".

Participants from three different sites recommended the use of Environmental Rating Scales, which include items on media use, as a way to evaluate and improve the quality of child care programs. Several suggested ways that programs could better meet the needs of older children, whom they indicate tend to be responsible for entertaining themselves, often resulting in too much time spent watching TV or playing video games. A variety of other best practices for child care programs were mentioned, including the use of community resources, involvement of parents in child care programming and more active engagement of providers in the children's daily activities.

2. EDUCATE PARENTS

A large number of the videoconference participants believe that educating parents is key to addressing the issues of obesity and TV viewing in their children's lives and in their child care programs. The vast majority of these think that parents need to be better informed about the impact of TV/screen time and appropriate use of media. Many stated the belief that parents must be encouraged to challenge cultural norms and to take their position as role models for their children seriously. They acknowledged that this would be especially difficult for young parents who have grown up in a media culture and would have to change their own habits. Some suggested teaching parents about alternatives to TV viewing, such as family games and activity kits for the car. Others thought that the solution would hinge on parents' willingness to make and enforce rules and to be more actively involved in their children's lives, rather than using TV as a babysitter.

Many of those who advocated for more parent education believe that it should reinforce parents' role as consumers of child care by giving them the tools they need to choose quality child care and to monitor and give feedback about the programs their children attend. Some would encourage parents to become more aware of the issues and use their power to influence TV viewing, nutrition and physical activity practices in child care settings. Others mentioned reaching new parents before they even leave the hospital with their

newborn, posting relevant information on the Minnesota Department of Education's Parents Know website, and the difficulty for parents of keeping up with rapidly changing technology.

3. STRENGTHEN REGULATIONS

Videoconference participants expressed strong support for more and stricter regulations for child care programs in the areas of screen time (for which rules do not exist in Minnesota at this time), physical activity and nutrition. This desire was coupled with an acknowledgement that compliance would be difficult, if not impossible, to monitor. They asserted that the difficulty of monitoring a practice as commonplace as TV viewing is increased by the fact that licensing caseloads make it impossible to visit providers often enough, to spend enough time with them to cover more than the basics of safety and prevention, and to schedule visits only during activity times, rather than naptime, in order to see how a program really operates.

Even while admitting their concerns about compliance, the child care licensors, more than any other group of participants, expressed support for regulations to back up their own advice to providers in order to put "some teeth" in their recommendations. As long as licensors lack the authority to cite providers who do not follow best practices regarding physical activity, nutrition or TV time, many expressed the fear that "providers will not follow through even though it's in the children's best interest."

Desired changes in child care regulations include limiting the amount of time children can watch TV and the types of shows or channels they can watch, requiring a minimum amount of time to be spent in physical activity and active outdoor play each day, and stricter nutrition guidelines. Given the difficulty of enacting and monitoring stronger regulations, many licensors and others felt that mandatory training in the areas of nutrition, physical activity and especially screen time was a reasonable and workable approach. There seemed to be general agreement that appropriate training exists, but should be required rather than optional.

4. EDUCATE PROVIDERS

In keeping with the topic of the videoconference, the majority of participants agreed that there is not enough awareness among child care providers about the impact of TV viewing/screen time on children's healthy development, particularly as it relates to brain development and obesity. Many believe that further training of child care providers is the best way to ensure better practices in their programs. In addition, a number of them pointed out that including these topics in the training and orientation of new child care providers could be an effective way to influence child care programs during the development phase, while policies are being formulated and daily activities are being structured.

A number of people expressed concern that, given the current focus on school readiness, some providers (and parents) have decided that "learning activities" are more important than play or physical activity. Respondents think that providers need to be reminded that play and physical activity **are** learning activities for young children.

Respondents suggested that even providers who are convinced of the need to make changes in their programs will need training to create alternative activities to TV viewing, to design and incorporate physical activities into their daily schedules, to include more fruits and vegetables in their menus, and to inform and persuade parents of the importance of these new practices. Several also mentioned the importance of formulating clear, consistent key messages for providers and parents and of including Family, Friend and Neighbor (FFN) caregivers in these efforts.

A number of challenges were identified that make it difficult for providers to make changes in their programs and practices. Among these were the lack of time for training, the huge range of ages in a typical family child care program, young providers for whom screen time is the norm, experienced providers who must be convinced that training is relevant to their needs, the difficulty of keeping up-to-date with technological advances and many providers' practice of using TV as a babysitter, particularly while they prepare food or take a break. Acknowledging these challenges, videoconference participants expressed willingness to attempt to overcome them with creative training and support for child care providers.

5. PROVIDE TECHNICAL ASSISTANCE

Technical assistance was mentioned less often than training, although often on the same topics. There did seem to be a belief that technical assistance could play a role in helping child care providers learn how to change their program practices to support healthier habits. There was agreement that many providers could benefit from ideas and resources to adapt their daily schedule and activities to include less screen time, more physical activity and better nutrition. Once again, some thought that this would be most effective for new providers who are setting up their program, but still important for established providers.

Some suggested that licensors encourage providers to use a checklist to report daily activities to parents, as a way of educating parents and of holding themselves accountable. A number of licensors in particular think it is appropriate to use their influence to share best practices for TV viewing during site visits. Dakota County practitioners described their use of an annual evaluation by parents of their children's child care programs. Licensors use this feedback to guide the technical assistance they offer to each provider during visits. Many seemed interested in adding a question about TV viewing or screen time to this evaluation, to give licensors an opportunity to advise providers on this subject.

6. PROVIDE RESOURCES

Participants identified a lack of resources as one cause of inadequate healthy practices in child care programs. They pointed out the need for the state and federal governments to provide more resources, which could be targeted and distributed as grants and incentives by local Child Care Resource and Referral Agencies, among others. These resources could include money for materials, supplies and equipment, for provider training, and for transportation so providers could take advantage of more community programs, particularly active outdoor summer activities.

Some also saw a need for resources such as health facts and statistics and the development, distribution and promotion of guidelines and policies for healthy practices. There was even a suggestion that a chart outlining standards for TV viewing/screen time and physical activity at different developmental stages could be a useful tool in encouraging change.

7. FORM PARTNERSHIPS

Some participants pointed out that partnerships with community organizations and initiatives could be a way to maximize services, especially in times of decreased funding. Suggested partners included:

- Child Care Resource & Referral (CCR&R), public health, and child care licensing - for training
- WIC - for parent education about nutrition, physical activity and TV viewing
- Community organizations and programs, such as libraries, parks and schools - for child and family-centered activities
- Corporations, businesses and government agencies - for worksite classes for parents
- Pediatricians - for guidance of parents on health issues, including TV viewing

8. FORMULATE AND PROMOTE POLICIES

Participants at several sites called attention to the lack of clear, consistent messages and policies from leading state agencies on issues related to childhood obesity and the role that child care programs can play in its prevention. Some noted that even many of the best practices and recommendations are short term solutions, and that policies are necessary to cause the system to change.

One suggestion to address this lack was the development of a statewide campaign, with simple, clear messages about these issues. The campaign could be aimed at educating relevant individuals and organizations ranging from the Governor, legislators and staff at state agencies to school and child care personnel to members of parent and community organizations.

9. OTHER

This last category summarizes other recommendations that didn't fit into the above categories, but are noteworthy to include.

Educating a variety of groups other than parents and child care providers about these issues was seen as crucial to effecting change. Several suggested that this education begin with the children themselves, from preschoolers through high school students. Other suggestions to increase knowledge and awareness of these issues included:

- Developing a media campaign to raise public awareness of the effects of too much screen time on children
- Funding elementary schools to take the lead in promoting healthy family and community activities
- Educating licensors, Child Care Resource and Referral staff and others who can influence child care providers and programs
- Making National Health and Safety Standards/Guidelines available to decision and policy-makers, as well as to the providers themselves

Some of the comments addressed environmental changes that could support healthy practices. These included:

- Pressuring the Federal Communications Commission to regulate adult programming during daytime hours
- Requiring cable companies to offer a la carte channels
- Offering year-round school for young children
- Requiring that physical education and health classes be taken in person, not online
- Requiring that advertising designed to encourage screen time be truthful about its impact

Several recommended that school-age care be offered in the schools, possibly in response to concerns expressed that the wide age range in family child care makes it difficult to meet the needs of all the children.

Several cited the need for research and scientific evidence to support requests for programming, funding and changes in regulations.

IV. Resources

On the videoconference evaluation, participants were asked about their interest in information on a variety of topics. Their responses to this question are included below. Responses to any one topic do not add up to the total number of respondents because preferences for multiple formats for each topic were counted as multiple responses.

Number of respondents who completed the videoconference evaluation – 105

Numbers by site

Bemidji – 5
 Duluth – 2
 Fergus Falls – 13
 Mankato – 10
 Marshall – 3

Rochester – 9
 Roseau – 6
 St. Cloud – 18
 Dakota County – 11
 St. Paul - Freeman Building – 18
 St. Paul - Snelling Office Park - 10

Numbers by work setting

Local Public Health - 31
 Tribal Government – 2
 Child Care Resource & Referral – 14
 Minnesota Tribal Resources for Early Childhood Care – 2
 Child Care Licensing – 31
 Other - 25 (including other public health settings, education, child care, nutrition and various others)

To help us with future planning, please indicate if you would be interested in information on any of the following topics. For each topic of interest, please indicate how you would prefer to receive this information, if it were available.							
	Number who answered this question						101
	Email	Newsletter	Speaker	Training	Technical Assistance	Website	Response Count
Nutrition for preschoolers	59.5% (50)	36.9% (31)	22.6% (19)	39.3% (33)	3.6% (3)	31.0% (26)	84
Physical activity ideas	63.8% (60)	34.0% (32)	28.7% (27)	31.9% (30)	6.4% (6)	29.8% (28)	94
Sample child care policies	65.3% (47)	16.7% (12)	15.3% (11)	19.4% (14)	5.6% (4)	37.5% (27)	72
Raising MediaWise® Kids	50.0% (41)	35.4% (29)	34.1% (28)	32.9% (27)	8.5% (7)	24.4% (20)	82
Parenting with No: Teaching Children to Say No to Themselves	46.4% (39)	27.4% (23)	35.7% (30)	41.7% (35)	4.8% (4)	22.6% (19)	84
Media and violence	51.3% (40)	32.1% (25)	32.1% (25)	39.7% (31)	9.0% (7)	26.9% (21)	78

Overall, there was considerable interest in each of the topics. The summary table on the previous page shows that none received fewer than 70 positive responses. Physical Activity Ideas was the most requested topic, followed by Nutrition for Preschoolers and Parenting with No. Sample Child Care Policies generated the least interest. Child care licensors were far more interested in the topic of media and violence than the other groups. This was the least requested topic for those in local public health settings. Otherwise interest in these topics by work setting and by geographic region reflected the same general preferences as those expressed by the group as a whole.

Email was the preferred format almost across the board and technical assistance (TA) was the least requested method for receiving information. The preference for email communications perhaps reflects its convenience and availability for professionals with busy schedules. Because the videoconference participants are often TA providers to those in the child care field, it is not surprising that they selected this format the least due to their existing proficiency in this area.

Based on the feedback from videoconference participants, it seems that emailing information on any of the proposed topics, from both the Minnesota Department of Health and the National Institute on Media and the Family, would be the most effective way of reaching this audience.

Videoconference participants offered suggestions for information on these additional topics:

- Childhood Obesity
- Media and sexual content
- Bullying

Videoconference participants were also asked to suggest any additional resources they have found useful for the child care setting. The following list includes their suggestions.

- President's Challenge Physical Fitness Tips, www.fitness.gov/challenge
- NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care), a self-assessment tool for use by child care programs to improve their nutrition and physical activity environment, policies and practices; <http://www.napsacc.org/>
- Robert Wood Johnson Foundation, Active Living Research, <http://www.activelivingresearch.org/> (also see RWJF's Childhood Obesity Resources, <http://www.rwjf.org/childhoodobesity/>)
- Fit Activities for Kids, Bloomington Public Health;
 - In English: http://www.ci.bloomington.mn.us/cityhall/dept/commser/publheal/publications/fitactivities_english2008.pdf
 - In Spanish: http://www.ci.bloomington.mn.us/cityhall/dept/commser/publheal/publications/fitactivities_spanish.pdf
- Nutrition Nuggets, Food and Fitness for a Healthy Child, website, newsletter; see a sample issue of Nutrition Nuggets or place an order from Resources for Educators at <http://www.rfeonline.com/content.cfm?dept=20>
- Health for Native Life magazine, a publication of the Indian Health Service, Division of Diabetes Treatment and Prevention; for more information, contact the editor Cecilia Kayano at kayanodesign@aol.com; order the magazine and other health resources for Native Americans at <http://www.ihs.gov/medicalprograms/diabetes/RESOURCES/Catalog/rde/index.cfm?module=catalog>
- The Eagle Book series (teaching children "the joy of physical activity, eating healthy foods and learning from their elders about health and diabetes prevention") with teacher's guide, also available on the Indian Health Service website above.

V. State Child Care Regulations – Summary of Two Recent Studies

Two recent studies provided a context for our review of Minnesota’s child care licensing regulations and their potential impact on childhood obesity. The following studies examined child care licensing regulations governing nutrition, physical activity and screen time on a state-by-state basis:

Child Care as an Untapped Setting for Obesity Prevention: State Child Care Licensing Regulations Related to Nutrition, Physical Activity, and Media Use for Preschool-Aged Children in the United States, by Karen M. Kaphingst, MPH, and Mary Story, PhD, RD

Obesity prevention in child care: A review of U.S. state regulations, by Sara E Benjamin, Angie Cradock, Elizabeth M Walker, Meghan M Slining and Matthew W Gillman

This summary provides an overview of state regulations, with a focus on those in effect in Minnesota, and highlights the authors’ recommendations.

Summary of Minnesota Child Care Regulations on Nutrition, Physical Activity, and Screen Time: Obesity Prevention Considerations

Early childhood is an important period for developing dietary and physical activity behaviors. Nearly three-quarters of US preschool-aged children spend time in nonparental care arrangements each week. The majority of this care takes place in child care centers, licensed family child care homes and/or Family, Friend and Neighbor (informal) care. The practices of these programs can be an important factor in children’s dietary intake and physical activity levels; thus, child care program policies can have an impact on childhood obesity. Two recent studies examined state-level child care licensing regulations governing nutrition, physical activity and screen time that may contribute to childhood obesity.^{1, 2} Although each study chose somewhat different key items on which to compare state regulations, both found that regulations for child care facilities vary considerably by state and by type of child care program and that many states have few or “weak” regulations governing these items. Both studies also noted that child care centers are more regulated than family child care homes.

Nutrition

Minnesota requires that meals and snacks follow federal Child and Adult Care Food Program (CACFP) requirements in all types of licensed child care programs. Less common among states is Minnesota’s requirement that specifies the proportion of children’s daily nutrition needs that must be offered per meal or by length of time in care. Minnesota also regulates the number of meals and snacks that must be served, depending on the amount of time a child is in care. Like the vast majority of states, Minnesota has no policy requiring food served to be consistent with *Dietary Guidelines for Americans* and has no policies addressing foods of low nutritional value or foods available in vending machines.¹ Additionally, as is common in most states, Minnesota licensing regulations require that water is freely available during care.²

Physical Activity

Minnesota’s regulations concerning physical activity are typical of those in the majority of states, and again are much stronger for child care centers than for family child care homes of any size. All licensed child care programs in Minnesota are required to provide large muscle or gross motor activity, development, and/or equipment. Only centers are required to provide daily outdoor activity time (weather and health permitting). Minnesota does not specify the amount of time that children play outside daily. The state also does not require that children be engaged in vigorous or moderate physical activity or specify the minimum amount of time that children are to be involved in physical activity. This is typical of the vast majority of states.

Screen Time

Screen time includes TV viewing and other forms of electronic media use (such as computers, cell phones, video games and hand-held devices). Minnesota has no licensing regulations concerning screen time in child care programs. The most common way that other states regulate media use is by defining, in a non-quantified manner, its appropriate inclusion in child care program activities. A smaller number of states are leading the way by setting a maximum number of hours of screen time per day or per week or a minimum age for screen time. Many of these states require child care programs to provide alternatives to TV viewing, and several require parental permission for their child to watch television during child care hours.

Both of these studies concluded that providing consistent regulations for both centers and family child care homes is desirable. They also concluded that strengthening state regulations and standards governing nutrition, physical activity and screen time has the potential to influence the prevalence of childhood obesity by fostering healthful eating habits, participation in physical activity and decreased screen time.

References:

¹Child Care as an Untapped Setting for Obesity Prevention: State Child Care Licensing Regulations Related to Nutrition, Physical Activity, and Media Use for Preschool-Aged Children in the United States, by Karen M. Kaphingst, MPH, and Mary Story, PhD, RD

²Obesity prevention in child care: A review of U.S. state regulations, by Sara E Benjamin, Angie Cradock, Elizabeth M Walker, Meghan M Slining and Matthew W Gillman

VI. Conclusion

The May 6, 2009, videoconference “TV Viewing and Childhood Obesity: Minnesota Initiative in the Child Care Setting” attracted over 140 professionals in the fields of public health and child care. Participants were presented with information about the connections between TV viewing and brain development, and between TV viewing and childhood obesity. They were introduced to a training kit designed to inform parents and child care providers about the impact of screen time on children’s healthy growth and development. They were also informed about existing regulations governing nutrition, physical activity and screen time in licensed family child care programs.

With this background information, videoconference participants discussed their experiences with TV viewing policies and practices and their influence on children’s healthy development. They also had the opportunity to make recommendations for policies and practices in child care settings that could have a positive influence on children’s habits in the areas of nutrition, physical activity and especially screen time.

The public health and child care professionals who attended this videoconference left with information and resources which they can use to educate caregivers and influence the policies and practices in their child care programs. They also learned more about the two sponsoring agencies and additional resources available to help them in this undertaking.

In turn, valuable information about best practices and about desired training provided by videoconference participants will aid in future planning by the Minnesota Department of Health and the National Institute on Media and the Family. The work of both organizations will be informed by the ideas of those in the field as they work with their partners toward the goal of improving practices in child care environments to be more supportive of healthy nutrition, physical activity and screen time habits.



**TV Viewing and Childhood Obesity:
Minnesota Initiative in the Child Care Setting
May 6, 2009 9:00-11:30**

Participants will gain:

- *An understanding of the impact of TV viewing on childhood obesity*
- *An understanding of existing licensing requirements and organizational policies that address TV viewing practices in early childhood settings*
- *Knowledge of resources to decrease TV viewing time in child care settings*

Agenda

9:00AM

Welcome and Introductions

Chris Kimber, Physical Activity Coordinator, Minnesota Department of Health

9:15AM

TV Viewing and Childhood Obesity – Trends and Policies

Presenter:

David Walsh, PhD, President, National Institute on Media and the Family

- What is the connection between TV viewing time, physical activity and nutrition behaviors, and childhood obesity?
- What does the latest brain development research and media research tell us about children's health risks?
- What are the existing licensing requirements and organizational policies in Minnesota on TV viewing practices in child care settings?

9:45AM

Current status of TV viewing practices in Minnesota child care settings

Presenters:

Tim Hennessey, Hennepin County Child Care licensor

Current reality in childcare settings – why do we know this is a problem?

Local stories

Address 3 questions:

1. Based on your experiences, what TV viewing policies or practices have helped or hindered children's obesity prevention/healthy physical development?
2. What concerns do you have in your role to address childhood obesity/children's health as it is impacted by TV viewing?
3. What recommendations or best practices are you aware of that address these issues in the child care setting?

10:05AM

Local discussion and recommendations

- Participants at each videoconference site brainstorm on the 3 questions posed above; write responses on forms provided.
- Participants discuss their ideas with others at their site.
- Participants decide on their group's top 2 recommendations to be shared during the conference wrap-up. Note: All recommendations will be captured at each site and forwarded to MDH following training.

Break

10:35AM

Reporting of local recommendations

Facilitated by Chris Kimber

10:45AM

Resources and tools

Presenters:

Mary Margaret Reagan-Montiel, National Institute on Media and the Family
Ea Porter, *through-u* Ambassador and Professor, University of St. Thomas

Highlights of *through-u* learning kit

- Sample activity – Jolts and Tricks from Session 2
- Examples of the flexibility of *through-u* as a resource

Additional resources

11:15AM

Wrap up and next steps

Chris Kimber

- Assess interest in future communications
- Assess interest in future trainings and technical assistance
- Next steps for initiative

TV Viewing and Childhood Obesity: Minnesota Initiative in the Child Care Setting Resource List

I. Organizations

Minnesota Department of Health, Obesity

www.health.state.mn.us/obesity

National Institute on Media and the Family

www.mediawise.org

Research, fact sheets, columns, programs, calendar of events and speakers.

Sign up for the free MediaWise Network for access to additional online information and Parent Guides to the latest technologies.

Fact Sheet: Children and Advertising

http://www.mediafamily.org/facts/facts_childadv.shtml

Fact sheet: Media Use and Obesity Among Children

http://www.mediafamily.org/facts/facts_tvandobchild.shtml

American Academy of Pediatrics, Media Matters campaign

<http://www.aap.org/advocacy/mediamatters.htm>

Information about Media Matters, a national public education campaign of the American Academy of Pediatrics.

American Academy of Pediatrics, Children's Health Topics: Internet/Media Use

<http://www.aap.org/healthtopics/mediause.cfm>

Articles, Q and A's and links to featured websites help parents understand media's impact on children, establish guidelines for media use, learn about rating systems, and become educated media consumers.

Tufts University Child and Family WebGuide

<http://www.cfw.tufts.edu/topic/1/153.htm>

The WebGuide is a directory that describes and provides links to hundreds of sites on topics recommended by parents. The WebGuide selects parent-friendly sites that offer information and practical advice that is consistent with the highest quality child development research.

The link takes you to a list of selected websites on the topic of obesity.

PTA (Parent Teacher Association)

http://www.pta.org/topic_childhood_obesity_overview.asp

The largest volunteer child advocacy association in the nation, National PTA provides parents and families with a powerful voice to speak on behalf of children and tools to help children be safe, healthy, and successful - in school and in life.

Link to the PTA's Child Obesity Overview. For information and resources on nutrition, at home and in schools, and physical activity, click on Topics, then Health & Wellness.

Connect for Kids

<http://www.connectforkids.org/taxonomy/term/357>

Connect for Kids provides the information and tools needed to learn about issues and to take action to improve policies and programs affecting children, families, and communities.

Link to resources on the topic of Media, divided into categories such as action alerts, toolkits, weblinks and events.

Center for Media Literacy

<http://www.medialit.org/>

Largest producer and distributor of media literacy education materials in North America.

Program for the Study of Media and Health, Kaiser Family Foundation

<http://www.kff.org/about/entmediastudies.cfm>

Highlights research of the Kaiser Family Foundation concerning the relationship between entertainment media and health, with a special focus on children and media. Also features a series of fact sheets titled Children, Health, and the Media.

The Future of Children

<http://www.futureofchildren.org/>

A collaboration between Princeton University and the Brookings Institution.

“Providing research and analysis to promote effective policies and programs for children.”

Search for keywords “obesity” and “childhood obesity” to locate numerous studies.

Center for SCREEN-TIME Awareness

www.screentime.org

An international non-profit organization whose focus is on empowering people to use technology responsibly. The Center encourages people to take time for themselves, their families and their communities by taking control of the electronic media in their lives, not allowing it to control them. The Center is best known for its annual campaign TV-Turnoff Week.

Media Channel

<http://www.mediachannel.org/>

A nonprofit, public interest Web site featuring news, reports and commentary from an international network of media-issues organizations and publications. MediaChannel is concerned with the political, cultural and social impacts of the media and its goal is to inspire debate, collaboration, action and citizen engagement. Browse its directory of more than 1100 affiliates by topic (such as Education or Children), type of organization, and country.

II. Programs and Curricula

I am Moving/I am Learning

Initiated in 2005 as a pilot project in selected Virginia and West Virginia Head Start programs; expanded in 2006 to additional Head Start programs. The project provides strategies and resources for infusing quality physical movement and healthy nutrition choices within their familiar curriculum approaches and daily classroom routines. Goals of IMIL are to increase the quantity of time spent in moderate to vigorous physical activity during the daily routine, improve the quality of structured movement experiences intentionally facilitated by adults, and improve healthy nutrition choices for children every day.

Source: Region III Office of the Administration for Families and Children (Head Start);

http://www.acf.hhs.gov/programs/region3/docs/Fatherhood/i_am_moving_summary_report.pdf

For more information: Nancy Elmore at 215-861-4048 or Amy Requa at 215-592-1684 ext 225

Learning About Nutrition through Activities (LANA)

The LANA Preschool Program is a 24-week program promoting preschoolers' consumption of fruits and vegetables, particularly eight targeted ones, which are featured in Menu Changes (lunches and snacks), Classroom Activities (everything from art projects to storybooks), and Family Involvement (parent letters, flyers with tips about "Feeding Kids", take-home tasting kits and family events).

Source: Minnesota Department of Health (At this time, available only through local public health agencies.)

Contact: Gretchen Taylor, gretchen.taylor@state.mn.us

SPARK Early Childhood Physical Activity Program

SPARK EC is designed to provide high activity, academically integrated, enjoyable activities that enhance motor development and school readiness skills in children ages 3-5. The program was developed for Head Start, public and private preschools, day care/childcare providers, and WIC agencies. Components of the program include curricula and materials, training for staff, and lifetime follow-up support.

For more information: <http://www.sparkpe.org/programEarlyChildhood.jsp>

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) is designed to enhance policies, practices, and environments in child care programs by improving the:

- nutritional quality of food served,
- amount and quality of physical activity
- staff-child interactions
- nutrition and physical activity policies and practices

NAP SACC provides a tool for a child care facility to assess its program in 14 areas of nutrition and physical activity policy, practices and environments in order to identify strengths and limitations.

Following the self-assessment, a health consultant works with the child care facility staff to set goals and develop plans to improve practice. Staff training and targeted technical assistance are provided.

For more information: University of North Carolina at Chapel Hill, Center for Health Promotion and Disease Prevention Division of Public Health, North Carolina Department of Health and Human Services;

http://www.center-trt.net/downloads/obesity_prevention/interventions/napsacc/NAPSACC_Template.pdf

through-u – Families Become MediaWise®

through-u provides resources and education for parents and childcare providers about the impact of media on children's health and development, behavior, pre-literacy skills, and school readiness. Its goal is to encourage parents and people who care for young children to make informed decisions about screen time, ratings, and content. The program is organized into three sessions, using video clips, interactive exercises and group discussion; available in English or Spanish.

Source: National Institute on Media and the Family; www.mediawise.org

Contact: Mary Margaret Reagan-Montiel, 612-672-4781 or mreagan-montiel@mediafamily.org

III. Journal Articles

Review of Research: The Role of Media in Childhood Obesity

This Kaiser Family Foundation report reviews more than 40 studies on the role of media in the nation's dramatically increasing rates of childhood obesity and explores what researchers do and do not know about the role media plays in childhood obesity. It also outlines media-related policy options that have been proposed to help address childhood obesity and identifies ways media could play a positive role in helping to address this important public health problem.

Report: <http://www.kff.org/entmedia/7030.cfm>

The report was released at a February 24, 2004 briefing. Webcast, agenda and speaker biographies are available at <http://www.kff.org/entmedia/entmedia022404pkg.cfm>.

Information provided by the Program for the Study of Media and Health

Television and the Link to Obesity: Another Reason to Turn off the TV

Adapted from the CDC's Resource Guide for Nutrition and Physical Activity Interventions to Prevent Obesity and Other Chronic Diseases, 2003.

http://www.hsph.harvard.edu/prc/proj_cope_tv%20viewing%20fs.pdf

Association between television viewing and poor diet quality in young children.

Miller SA, Taveras EM, Rifas-Shiman SL, Gillman MW.

International Journal of Pediatric Obesity. 2008;3(3):168-76.

<http://www.ncbi.nlm.nih.gov/> then search PubMed for 18608629

The association of television and video viewing with fast food intake by preschool-age children.

Taveras EM, Sandora TJ, Shih MC, Ross-Degnan D, Goldmann DA, Gillman MW.

Obesity (Silver Spring). 2006 Nov;14(11):2034-41.

<http://www.ncbi.nlm.nih.gov/> then search PubMed for 17135621

When children eat what they watch: impact of television viewing on dietary intake in youth.

Wiecha JL, Peterson KE, Ludwig DS, Kim J, Sobol A, Gortmaker SL.

Archives of Pediatrics and Adolescent Medicine. 2006 Apr;160(4):436-42.

<http://archpedi.ama-assn.org/cgi/content/full/160/4/436>

Television viewing and television in bedroom associated with overweight risk among low-income preschool children.

Dennison BA, Erb TA, Jenkins PL.

Research Institute, Bassett Healthcare, Cooperstown, New York 13326, USA.

Pediatrics. 2002 Jun;109(6):1028-35

<http://www.ncbi.nlm.nih.gov/> then search PubMed for 12042539

Does eating during television affect preschool children's intake?

Francis LA, Birch LL,

Department of Biobehavioral Health, 315 East Health and Human Development Building, The Pennsylvania State University, University Park, PA 16802.

Journal of the American Dietetic Association. 2006 April; 106(4): 598-600.

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16567158>

The role of television in childhood obesity

Barbara Dennison, Lynn S Edmunds

New York State Department of Health, Albany, New York

Progress in Pediatric Cardiology. Volume 25, Issue 2, September 2008, Pages 191-197

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6TOP-4KBDWM5-

[1&_user=4770490&_rdoc=1&_fmt=&_orig=search&_sort=d&_view=c&_acct=C000065030&_version=1&_urlVersion=0&_userid=4770490&_md5=c6e8c7e11ede6a8d834a689b1294609b](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6TOP-4KBDWM5-1&_user=4770490&_rdoc=1&_fmt=&_orig=search&_sort=d&_view=c&_acct=C000065030&_version=1&_urlVersion=0&_userid=4770490&_md5=c6e8c7e11ede6a8d834a689b1294609b)

Targeting Interventions for Ethnic Minority and Low-Income Populations

Shiriki Kumanyika and Sonya Grier

The Future of Children, Childhood Obesity issue (Spring, 2006, volume 16, number 1; 187-207)

http://www.futureofchildren.org/usr_doc/09_5562_kumanyika.pdf

An Intervention to Reduce Television Viewing by Preschool Children: Brocodile the Crocodile

A health-promotion childcare curriculum intervention to reduce television viewing. Seven sessions, each containing a musical activity, a snack and an interactive education component plus take-home materials for parents and parent-child activities designed to influence family viewing habits.

Barbara A. Dennison, MD; Theresa J. Russo, PhD; Patrick A. Burdick, MA; Paul L. Jenkins, PhD

Archives of Pediatrics and Adolescent Medicine. 2004;158:170-176.

<http://archpedi.ama-assn.org/cgi/content/full/158/2/170>

Child Care as an Untapped Setting for Obesity Prevention: State Child Care Licensing Regulations related to Nutrition, Physical Activity, and Media Use for Preschool-Aged Children in the United States

Karen M. Kaphingst, MPH, Mary Story, PhD, RD

Preventing Chronic Disease. 2009;6(1).

http://www.cdc.gov/pcd/issues/2009/jan/07_0240.htm

Obesity prevention in child care: A review of U.S. state regulations

Sara E Benjamin, Angie Cradock, Elizabeth M Walker, Meghan M Slining, Matthew W Gillman

BMC Public Health Journal. 2008, 8: 188.

<http://www.biomedcentral.com/1471-2458/8/188>

The following studies present a dissenting view (same researchers):

A descriptive epidemiology of screen-based media use in youth: a review and critique.

Marshall SJ, Gorely T, Biddle SJ.

Department of Exercise & Nutritional Sciences, San Diego State University, 5500 Campanile Drive, San Diego, CA 92182-7251, USA.

Journal of Adolescence. 2006 Jun;29(3):333-49. Epub 2005 Oct 21

<http://www.ncbi.nlm.nih.gov/> then search PubMed for 16246411

Relationships between media use, body fatness and physical activity in children and youth: a meta-analysis.

Marshall SJ, Biddle SJ, Gorely T, Cameron N, Murdey I.

Department of Exercise and Nutritional Sciences, San Diego State University, San Diego, CA 92182-7251, USA.

International Journal of Obesity and Related Metabolic Disorders. 2004 Oct;28(10):1238-46

<http://www.ncbi.nlm.nih.gov/> then search PubMed for 15314635

Couch kids: correlates of television viewing among youth.

Gorely T, Marshall SJ, Biddle SJ.

British Heart Foundation National Centre for Physical Activity and Health, Loughborough University, UK.

International Journal of Behavioral Medicine. 2004;11(3):152-63. Review.

<http://www.ncbi.nlm.nih.gov/> then search PubMed for 15496343

Minnesota Department of Health Resource List
Created by Minnesota Department of Health, 4/15/09