

CDC's First-Ever Early Care and Education State Indicator Report

Highlights State Efforts to Address Childhood Obesity in the ECE Setting

1. Obesity rates declined among children aged 2–5 years over the past decade.

- The prevalence of obesity among children aged 2–5 years decreased significantly from about 14% in 2003-2004 to about 9% in 2013-2014.¹
- In 2011-2014, the prevalence of obesity among children aged 2–5 years was 8.9%.²

2. Early Care and Education (ECE) is a key setting to address childhood obesity for children under 5.

- 41% of U.S. children aged 0–5 are cared for each week in non-parental care arrangements, such as childcare centers, family childcare homes, pre-kindergarten classrooms, or Head Start programs; 64% for children 3–5 years of age.
- Despite declines in obesity among young children, about 1 in 4 children aged 2– 5 are overweight or have obesity, warranting the need for prevention efforts that reach children at an early age.³
- Children who are overweight when they enter kindergarten are 4× more likely to have obesity in 8th grade compared to their peers who are normal weight;⁴ childhood weight status often tracks into adulthood.⁵

3. This first-ever report looks at 7 areas within CDC's Spectrum of Opportunities for Obesity Prevention in the ECE setting.

- CDC's *Spectrum of Opportunities for Obesity Prevention* is a blueprint for achieving recommended obesity prevention standards and best practices in the ECE setting. Key state accomplishments include:
 - **Licensing:** Of 25 states that made licensing updates from 2011–2014, all included obesity prevention. Mississippi leads the nation, meeting 15 of 47 high-impact obesity prevention standards.
 - **Quality Rating and Improvement Systems (QRIS):** Of the 39 states that have ECE quality ratings, 29 include obesity prevention standards.
 - **Professional Development:** 42 states offered online professional development for ECE providers covering obesity prevention topics.

4. Together, we can help get young children off to a healthy start. Continued support and progress in ECE is important if we are to successfully address the problem of childhood obesity in the U.S.

CDC and other federal agencies are...

- Funding all 50 states and Washington, D.C. to address childhood obesity prevention in ECE settings.
- Delivering training, tools, and resources to state and local health agencies and ECE providers to help young children develop healthy habits.
- Supporting Early Care and Education Learning Collaboratives in 10 states to aid ECE providers in making improvements in nutrition, breastfeeding support, physical activity, and screen time.
- Leading public-private partnerships dedicated to advancing research, policies, and practices that promote obesity prevention in the ECE setting.

State Health Departments and other partners can ...

- Use the Spectrum of Opportunities to inform state efforts.
- Use the ECE State Indicator Report as a guide for action planning and collaboration.
- Integrate obesity prevention standards into licensing and Quality Rating and Improvement Systems.
- Expand professional development opportunities for ECE providers to meet best practices for childhood obesity prevention. These include improving nutrition, increasing physical activity, supporting breastfeeding, and limiting screen time.

¹ Ogden CL, Carroll MD, Lawman HG, Fryar CD, Kruszon-Moran D, Kit BK, et al. Trends in Obesity Prevalence Among Children and Adolescents in the United States, 1988-1994 Through 2013-2014. *Jama* 2016;315(21):2292-9.

² Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of obesity among adults and youth: United States, 2011–2014. NCHS data brief, no 219. Hyattsville, MD: National Center for Health Statistics. 2015.

³ Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011–2012. *Jama* 2014;311(8):806-14.

⁴ Cunningham, SA et al., Incidence of Childhood Obesity in the United States. *New England Journal of Medicine*. 2014

⁵ The NS, Suchindran C, North KE, Popkin BM, Gordon-Larsen P. Association of adolescent obesity with risk of severe obesity in adulthood. *JAMA*. 2010;304(18):2042-2047.