



Healthy Early Care and Education Environments

The American Heart Association's Position

- Child care providers should meet minimum, uniform standards in nutrition, physical activity, screen time limitations, breastfeeding, and professional development (e.g. nutrition and physical activity education).
- Technical support and funding to child care settings should be expanded in order to assist those needing help reaching these standards. Attention should be given to centers/providers serving the needs of high-risk populations and underserved communities.
- Mandatory, statewide, quality rating recognition programs should be provided and funded. These programs distinguish child care settings that are going above and beyond minimum requirements and help ensure continuous improvement throughout child care settings. These recognition programs should incorporate best practice standards for nutrition, physical activity, and screen time. They should be overseen by the appropriate state agency in collaboration with other relevant agencies. Oversight of recognition programs may differ by state. Additional funding should be provided to help centers/providers serving the needs of high-risk populations and underserved communities to participate in these programs and meet the requirements.
- States should disseminate research and best practices pertaining to nutrition, physical activity, screen time, breastfeeding, and professional development to child care providers. In order to help parents better understand the quality of child care in their communities, states should make available, potentially through a state-run website, easily understandable information on the quality rating recognition programs in the state and how settings rank. In addition to rankings, the state could also highlight improvements by providers over time.
- All forms of marketing and advertising of unhealthy foods and beverages to children should be prohibited in child care programs.

Fast Facts:

1. Every week in the United States, nearly 12.5 million children younger than age 5 are in some type of child care arrangement, making both early care and education programs and in-home child care settings important for helping kids build healthy habits.¹
2. In the first few years of life, a child's brain develops rapidly, building an important foundation for future learning, behavior, and health.²
3. According to the CDC, preschool-aged children who are overweight or obese are five times more likely to be overweight or obese later in life.³ These children are at an increased risk of developing chronic diseases, such as heart disease, stroke, and some cancers.⁴
4. Movement and active play in early childhood facilitate the motor, social, and cognitive development needed for healthy growth and wellbeing.⁵
5. Young children who are active and eat healthy learn better.⁶
6. The time that young children spend watching TV or using a computer or tablet has the potential to take away time from activities that are beneficial to children's growth and development.⁷

Progress to Date

Voices for Healthy Kids, a joint initiative of the American Heart Association and Robert Wood Johnson Foundation, has supported campaigns eight states that have resulted in updated nutrition, physical activity, and screen time standards in early care and education.

For more information and resources from the American Heart Association's policy research department or early care and education positions please visit: <https://www.heart.org/en/about-us/policy-research>.

¹ Laughlin, L. Who's Minding the Kids? Child Care Arrangements: Spring 2011. U.S. Census Bureau. April 2013. <https://www.census.gov/prod/2013pubs/p70-135.pdf>.

² Center on the Developing Child at Harvard University. From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. May 2016. http://developingchild.harvard.edu/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf.

³ Progress on Childhood Obesity. Centers for Disease Control and Prevention. 2013. <http://www.cdc.gov/vitalsigns/childhoodobesity/>.

⁴ Benjamin EJ, et al. Heart disease and stroke statistics-2019 update: a report from the American Heart Association. *Circulation*. 2019;139:e1-e473. doi: 10.1161/CIR.0000000000000659. Retrieved from:

<https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000659>

⁵ Pérez-Escamilla R, Segura-Pérez S, Lott M, on behalf of the RWJF HER Expert Panel on Best Practices for Promoting Healthy Nutrition, Feeding Patterns, and Weight Status for Infants and Toddlers from Birth to 24 Months. *Feeding Guidelines for Infants and Young Toddlers: A Responsive Parenting Approach. Guidelines for Health Professionals*. February 2017. http://healthequityresearch.org/wp-content/uploads/2017/02/her_feeding_guidelines_brief_021416.pdf.

⁶ Tandon PS, Tovar A, Jayasuriya AT, et al. The relationship between physical activity and diet and young children's cognitive development: A systematic review. *Prev Med Rep*. 2016; 3: 279-90. doi: 10.1016/j.pmedr.2016.04.003.

⁷ Tandon, PS, Zhou C, Lozano P, Christakis DA. Preschoolers' total daily screen time at home and by type of child care.

J Pediatr. 2011; 158: 297-300. doi: 10.1016/j.jpeds.2010.08.005.