112TH CONGRESS
2D SESSION

S. 2119

To establish a pilot program to address overweight/obesity among children from birth to age 5 in child care settings and to encourage parental engagement.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 16, 2012

Mr. UDALL of Colorado (for himself, Mr. CARPER, Mr. COONS, Mr. FRANKEN, and Mr. UDALL of New Mexico) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To establish a pilot program to address overweight/obesity among children from birth to age 5 in child care settings and to encourage parental engagement.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Healthy Kids from Day One Act''.

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress makes the following findings:

(1) Preschool years are a critical time for determining whether or not an individual will develop obesity later in life.

(2) The Journal of Clinical Pediatrics reports that the ''tipping point'' in obesity often occurs before 2 years of age, and sometimes as early as 3 months, when the child is learning how much and what to eat.

(3) Aerobic fitness and healthy eating patterns support enhanced behavioral, emotional, and academic performance in school.

(4) More than 21 percent of preschool children are overweight or obese.

(5) A 2009 preschool study found that 89 percent of a preschooler's day is sedentary.

(6) The amount of time children spend outdoors is dwindling rapidly, as evidenced by studies showing that children enjoy half the outdoor time they did just 20 years ago. Meanwhile, children are spending nearly 8 hours per day in front of electronic media.

(7) Studies indicate that children who are overweight at age 5 are more likely to be more overweight at age 9.

(8) Rates of obesity are higher for African-American, Latino, Native American, and Native

Alaskan children than the overall population of the children in the United States.

(9) Children who are obese have a greater likelihood of being obese in adulthood and developing heart disease, diabetes, and other chronic conditions.

(10) In 2005, 61 percent of children from birth through age 6 who were not yet in kindergarten (about 12,000,000 children) received some form of child care on a regular basis from persons other than their parents.

(11) A 2008 survey by the National Association of Child Care Resource and Referral Agencies reported that 93 percent of parents thought existing health and safety standards for child care should be improved.

(12) Child care centers, family child care homes, and other early learning environments should serve as settings where children adopt healthy eating habits and have opportunities for age appropriate physical activity.

(13) Age-appropriate physical activity in the outdoors, in particular, can produce immense physical, mental and emotional health benefits, including addressing childhood obesity, decreasing symptoms of attention deficit and hyperactivity disorder, im-

proving motor skills, stimulating brain development, increasing creativity and quality sleep, and reducing the risk of developing myopia.

(14) The governmental, nonprofit, and private sectors came together to launch Let's Move Child Care, a voluntary effort to work with child care providers to help children get off to a healthy start through healthy eating, physical activity, and screen time reduction strategies. Learning collaboratives that build upon these key elements will assist providers and parents in giving children the foundation they need for a healthy life.

(b) PURPOSES.—It is the purpose of this Act to—

(1) establish a 3-year pilot program in 5 States representing a diversity of rural and urban environments that will support child care collaboratives designed to reduce the prevalence of overweight/obesity among children from birth to age 5 in child care settings through dissemination of available tools and curricula and implementation of emerging best practices;

(2) enhance the focus of child care centers and family child care homes serving the population of children from birth to age 5 on the healthy development of children through evidence-based or data-in-

formed policies and practices to improve healthy eating, physical activity, and screen time limits; and

(3) upon completion of the 3-year period, terminate the pilot program and disseminate the best practices and lessons learned from the pilot program through other systems, programs, or partnerships.

SEC. 3. HEALTHY KIDS PROGRAM.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

"PART W—HEALTHY KIDS PROGRAM

"SEC. 399OO. DEFINITIONS.

''In this part:

''(1) CHILD CARE CENTER.—The term 'child care center' means a center licensed or otherwise authorized to provide child care and services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parents' work.

''(2) EARLY LEARNING COUNCIL.—The term 'early learning council' means an early childhood assembly that is established to advise governors, State legislators, or State agency administrators on how best to meet the needs of young children and their

families specifically through improvement of programs and services.

''(3) FAMILY CHILD CARE HOME.—The term 'family child care home' means a private family home where home-based child care is provided for a portion of the day, unless care in excess of 24 hours is due to the nature of the parents' work, and that is certified, registered, or licensed in the State in which it is located.

''(4) SCREEN TIME LIMITS.—The term 'screen time limits' means policies or guidelines, such as those developed by the American Academy of Pediatrics, designed to reduce the daily amount of time that children spend watching or looking at digital monitors or displays, including television sets, computer monitors, or hand-held gaming devices.

''(5) STATE.—Notwithstanding section 2(f), the term 'State' means—

''(A) each of the several States;

''(B) the District of Columbia;

''(C) an Indian tribe or tribal organization;

''(D) the Commonwealth of Puerto Rico; and

''(E) any other territory or possession of the United States.

"SEC. 399OO–1. GRANTS.

''(a) IN GENERAL.—

''(1) IN GENERAL.—The Secretary, in consultation with appropriate entities within the Department of Health and Human Services, shall award 3-year competitive grants to 5 eligible entities to help reduce and prevent obesity among the population of children from birth to age 5 in a State and to encourage parental engagement in child care settings outside a child's place of residence.

''(2) ELIGIBLE ENTITIES.—To be an eligible entity under paragraph (1), an entity shall be—

''(A) a State health department (or other appropriate child care licensing entities within such State); or

''(B) a nonprofit organization or a partnership of nonprofit organizations with expertise in the healthy development of children.

''(b) USE OF FUNDS.—

''(1) IN GENERAL.—Grantees shall use amounts received under a grant under this subsection—

''(A)(i) to establish one or more child care collaboratives consisting of the center director and staff members from multiple child care sites and family child care homes;

''(ii) in the case of a State grantee, to contract with a nonprofit organization in the State with expertise in the healthy development of children to establish the collaborative or collaboratives; or

''(iii) to provide funding to an entity that routinely trains child care providers to establish the collaborative or collaboratives; and

''(B) to provide or contract with the organizer of the collaborative or collaboratives to provide—

''(i) technical assistance, including on-site assistance when appropriate, to the child care providers participating in the collaborative;

''(ii) a compilation of best practices, strategies, and lessons learned from the collaborative, to be reported annually to the Secretary; and

''(iii) a plan to ensure that the collaborative will be sustainable, without additional Federal funding, upon the conclusion of the 3-year pilot program.

''(2) COLLABORATIVES.—Each collaborative established under clause (i), (ii), or (iii) of paragraph

(1)(A) shall share best practices, strategies, and techniques for successfully implementing evidence-based or data-informed policies and practices relating to healthy eating, physical activity, parental engagement, and other topics, such as breastfeeding, relating to the healthy development of children, using available curricula, tools, and other interventions.

''(3) CONTENT OF PLAN.—The plan described under paragraph (1)(B)(iii) may include the incorporation of the best practices, strategies, and techniques described in paragraph (2) into the training and professional development for child care providers in the State or other approaches determined appropriate by the State and the Secretary.

''(c) COLLABORATIVE TRAINING REQUIREMENTS.—

''(1) IN GENERAL.—Collaboratives shall incorporate no less than 5 and no more than 10 daylong, interactive training sessions each year and ongoing technical assistance to the child care providers participating in the collaborative that include—

''(A) the provision and discussion of information concerning implementation by the child care providers of age-appropriate healthy eating and physical activity interventions, using avail-

able tools and culturally competent curricula for population of children from birth to age 5 in the State involved, which at a minimum shall include—

"(i) a handbook that includes recommendations, guidelines, and best practices for child care centers and family child care homes relating to healthy eating, physical activity, and screen time reduction;

"(ii) information about the availability of and services provided by child care health consultants; and

"(iii) health and wellness resources available through the Child Care Bureau, the Maternal and Child Health Bureau, Let's Move Child Care, and the Food and Nutrition Service of the Department of Agriculture;

"(B) the identification, improvement upon, and expansion of nutrition and physical activity best practices targeted to the population of children from birth to age 5 in the State involved and the identification of strategies for incor-

porating parental education and other parental engagement;

''(C) the identification of strategies and techniques for overcoming barriers to healthy eating, physical activity, and parental engagement; and

''(D) the provision of instruction and discussion of techniques used to appropriately model, direct, and encourage child care staff behavior to apply the best practices and strategies identified under subparagraphs (B) and (C).

''(d) PRACTICE, CURRICULA, AND POLICY CHANGES.—A grantee shall ensure that the participants involved in the collaborative, on an ongoing basis—

''(1) implement policy changes that promote healthy eating, physical activity, and appropriate screen time limits among the population of children from birth to age 5;

''(2) utilize a culturally competent healthy eating and physical activity curriculum focusing on such population of children from birth to age 5;

''(3) implement programs, activities, and procedures for incorporating parental education and engagement of parents in programs; and

''(4) implement innovative ways to remove barriers that exist to providing opportunities for healthy eating and physical activity.

All activities described in this subsection shall be evidence-based and data-informed and be consistent with the curriculum presented through training activities described in subsection (c).

''SEC. 399OO–2. GRANTS FOR THE EVALUATION OF PILOT PROGRAMS.

''The Secretary shall award competitive grants to Prevention Research Centers, universities, or other appropriate entities to evaluate the programs carried out with grants under section 399OO–1, including baseline, process, and outcome measurements.

''SEC. 399OO–3. COORDINATION.

''(a) INTERAGENCY COORDINATION.—To the extent practicable, the Secretary shall coordinate activities conducted under this part with activities undertaken by the National Prevention, Health Promotion and Public Health Council established under section 4001 of the Patient Protection and Affordable Care Act.

''(b) PILOT COORDINATION.—The Secretary shall designate an entity (directly or through contract) to provide technical assistance to States and pilot centers in the coordination of activities as described in subsection (a).

"SEC. 399OO–4. TECHNICAL ASSISTANCE, EVALUATION, AND REPORTING.

''(a) TECHNICAL ASSISTANCE AND INFORMATION.—The Secretary shall—

''(1) provide technical assistance to grantees and other entities providing training under a grant under section 399OO–1; and

''(2) disseminate to grantees information concerning evidence-based or data-informed approaches, including dissemination of available tools, curricula, and available or emerging best practices that can be expanded or improved upon through the pilot program conducted under section 399OO–1.

''(b) EVALUATION REQUIREMENTS.—With respect to evaluations conducted under section 399OO–2, the Secretary shall ensure that—

''(1) evaluation metrics are consistent across all programs funded under this part;

''(2) interim outcomes are measured by the number of centers that adopt policies to increase healthy eating and physical activity and reduce screen time;

''(3) interim outcomes are measured, to the extent practicable, by changes in foods served, opportunities for physical activity, and screen time in the

child care participants in the collaboratives established under section 399OO–1; and

''(4) upon completion of the pilot program under section 399OO–1, the evaluation shall include an identification of policies, best practices, and strategies to improve healthy eating, physical activity, screen time limits, and parental engagement that could be replicated in other child care settings.

''(c) DISSEMINATION OF INFORMATION.—Upon the conclusion of the pilot program under section 399OO–1, the Secretary shall disseminate to all appropriate agencies within the Department of Health and Human Services evidence, strategies, best practices, and lessons learned from grantees. Such agencies shall encourage the utilization of best practices through Federal programs and other appropriate methods.

''(d) REPORT TO CONGRESS.—Not later than 180 days after the completion of the pilot program under section 399OO–1, the Secretary shall submit to Congress a report concerning the evaluation of the pilot program, including recommendations as to how lessons learned from such programs can be incorporated into future guidance documents developed and provided by the Secretary and other Federal agencies, as well as Federal programs, as appropriate.

"SEC. 399OO–5. AUTHORIZATION OF APPROPRIATIONS.

"There is authorized to be appropriated to carry out this part, $1,500,000 for each of fiscal years 2012, 2013, and 2014.".

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