



Healthy Beverages in Child Care: Adherence to California’s Healthy Beverages in Child Care Act

Research Brief • June 2020

BACKGROUND

Since 2012, California’s 2010 Healthy Beverages in Child Care Act (CA AB 2084)¹ has required licensed California child care centers and family child care homes to:

- Serve only low-fat or non-fat milk to children aged 2 years or older.
- Limit juice to no more than one serving daily of 100% juice.
- Serve no beverages with added sweeteners, either natural or artificial.
- Make safe drinking water available and readily accessible throughout the day.

These requirements align with the federal Child and Adult Care Food Program (CACFP) nutrition standards.

WHY IS THIS IMPORTANT?

- Nearly 1 in 7 children aged 2–5 years in the United States is obese.²
- Sugar-sweetened beverages (SSBs) are the largest single source of added sugars in the U.S. diet.³
- SSB consumption is a major contributing factor to excessive weight gain in young children and is linked to increased risk of dental decay, type-2 diabetes, metabolic dysfunction and heart disease.^{4,5}
- Encouraging healthy beverages is a public health priority.
- Nearly two-thirds of US children younger than 5 years receive much of their daily nutrition in child care settings.⁶
- Child care is an ideal setting for improving the quality of beverages consumed.⁷

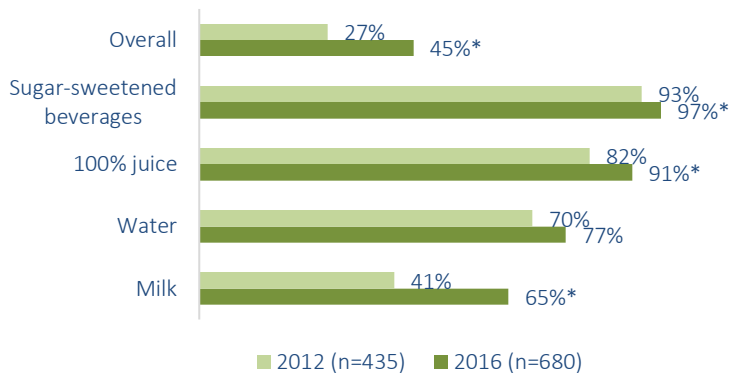
Child Care Providers’ Adherence to California’s 2010 Healthy Beverages in Child Care Act

Nutrition Policy Institute (NPI) researchers collaborated with California Food Policy Advocates and the Sarah Samuels Center for Public Health Research and Evaluation to evaluate adherence to California’s 2010 Healthy Beverages in Child Care Act (CA AB 2084).⁸

Licensed California child care centers and family child care homes both participating and not participating in the Child and Adult Care Food Program (CACFP) were randomly selected and surveyed in 2012 and 2016 about beverage practices and provisions to children aged 1-5 years at two time points. A total of 435 and 680 providers responded to the survey in 2012 and 2016, respectively.

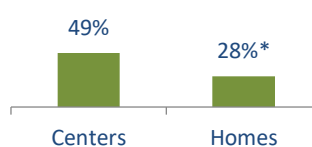
Child care providers’ adherence to CA AB 2084 overall and to SSB, juice, and milk requirements increased significantly within four years of policy implementation. However, despite this improvement, only 45% of providers’ were adherent to CA AB 2084 overall.

Percent of California Child Care Providers Adherent to the Healthy Beverages in Child Care Act in 2012 and 2016

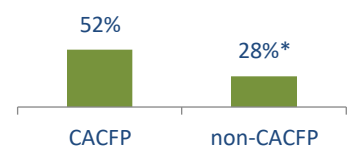


In 2016, providers’ overall adherence to CA AB 2084 was higher in child care centers compared to family child care homes and higher in sites that participated in CACFP compared to sites that did not participate in CACFP.

Percent Adherent in 2016 by Centers vs Homes



Percent Adherent in 2016 by CACFP Participation



* Significant difference $P < 0.01$

Free Online Class Developed to Support Child Care Providers to Provide Healthy Beverages

To help child care providers adhere to California's [Healthy Beverages in Child Care Act](#) (CA AB 2084), NPI collaborated with the UCSF School of Nursing, California Childcare Health Program (CCHP), UC Cooperative Extension (UCCE) and UC Merced to develop a free online class for California child care providers, '[Healthy Beverages in Early Care and Education: An Online Class for California Child Care Providers](#).'⁹



The self-paced, 30-minute online class includes videos, short quizzes, and activities covering topics such as milk, SSB, types of fruit juice, drinking water, and reading a nutrition label. Content was developed with national experts on drinking water and children's health, and was compared to existing, expert-developed online courses and other stand-alone resources.

Focus groups were conducted with English and Spanish-speaking child care providers of varying education levels to ensure the content was relevant.⁸

Videos and Health and Safety Notes for topics that needed concise information sheets were developed.

Final content – available in both English and Spanish – was reviewed by an interdisciplinary team of experts including registered dietitians, pediatricians, nurses, educators, and child care providers.



Online Class Improves Child Care Providers' Knowledge and Awareness of Healthy Beverage Practices and Policies

Seventy-six licensed child care providers (at centers and homes participating and not participating in CACFP who spoke English or Spanish) were recruited from three California regions—San Francisco Bay Area, Central Coast, Central Valley—to participate in a randomized controlled trial to evaluate the online class.^{10,11}

Findings from the evaluation suggest that the online class:

- Is feasible for child care providers;
- Is accessible and acceptable to providers;
- Improves providers' knowledge and awareness of the healthy beverage policy and practice at one and six months after completing the class; and
- Increases providers' adherence to CA AB 2084, although this increase was not significantly different from increases seen in the control group.

How to Access and Promote the Online Class

The training is free for child care providers in California, available in both English and Spanish, and provides 0.5 contact hours of professional development.

Providers outside of California may have similar beverage requirements and all young children can benefit from consuming healthy beverages. The class is available to providers outside of California for a small fee.

Follow the links below to access the **free online class**:

English class: <http://bit.ly/NPIccbevE>

Spanish class: <http://bit.ly/NPIccbevS>

Child care stakeholders can promote the class within their networks using messages and images in a promotional toolkit. Follow the links below to access the **toolkits**:

English promotional toolkit: <http://bit.ly/NPIccbevEtk>

Spanish promotional toolkit: <http://bit.ly/NPIccbevSptk>

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References. (1) State of California. Assembly bill no. 2084. February 18, 2010. http://www.leginfo.ca.gov/pub/09-10/bill/asm/ab_2051-2100/ab_2084_bill_20100930_chaptered.html. (2) Hales CM et al. Prevalence of obesity among adults and youth: United States, 2015–2016. NCHS Data Brief no. 288 2017. (3) Malek AM, Newman JC, Kelly J, Jack MM, Marriott BP. Dietary Sources of Sugars and Calories. *Nutr Today*. 2019;54(6):296-304. (4) Scharf RJ, DeBoer MD. Sugar-Sweetened Beverages and Children's Health. *Annu Rev Public Health*. 2016;37:273-293. (5) Vos MB, Kaar JL, Welsh JA, Horn LVV, Feig DI, Anderson CA, Johnson RK. Added Sugars and Cardiovascular Disease Risk in Children: A Scientific Statement From the American Heart Association. *Circulation*. 2017;135:e1017-e1034. (6) Laughlin L. Who's minding the kids? Child care arrangements: spring 2011. US Census Bureau; 2013. <https://www.census.gov/library/publications/2013/demo/p70-135.html>. (7) Lott M et al. Why we need local, state, and national policy-based approaches to improve children's nutrition in the United States. In: *Pediatric Obesity*. Springer International Publishing; 2018. p. 731-55. (8) Lee DL et al. Status of Beverages Served to Young Children in Child Care After Implementation of California Policy, 2012–2016. *Prev Chronic Dis*. 2020;17:190296. (9) Alkon A et al. (2020, February 4). Healthy Beverages in Early Care & Education. eXtension Campus. https://campus.extension.org/course/view.php?id=1722&lang=en_us. (10) Hazard K et al. 2020. *In review*. (11) Lee DL et al. 2020. *In review*.