

California Food Guide

Life Cycle: 1 to 3 Year Olds

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What's New?

- Childhood obesity is at record levels.
- Updated dietary guidance has been released (Dietary Guidelines for Americans 2005 and MyPyramid).
- Dietary Reference Intakes (DRIs) have been established for ages one to three.
- The Feeding Infants and Toddlers Study (FITS) has compared actual intakes to the DRIs.

Public Health Implications

Recent research highlights several major areas of concern for children in this age group:

- High intake of fat and sugar
- Low intake of fruits and vegetables
- Limited exposure to a variety of foods
- Increase in fast food consumption
- Decrease in physical activity
- Increased prevalence of overweight
- Increased risk of diabetes and other chronic diseases

Trends/Nutrient Patterns

Overweight, Poor Nutrition, and Physical Inactivity

Overweight (defined as Body Mass Index [BMI] above the 95th percentile for age, see www.cdc.gov/nccdphp/dnpa/bmi/childrens_BMI) is a major health concern in children and adolescents. Since the 1970s, the prevalence of overweight has more than doubled for preschool children aged 2-5 years.¹ Childhood overweight is an important indicator of children's nutrition and health status. The trend toward increased childhood overweight is of concern, because overweight children are at increased risk for serious physical and psychosocial problems, including type 2 diabetes, metabolic syndrome, cardiovascular disease, lowered self-esteem, and increased depression.² In 2000, it was estimated that 30 percent of boys and 40 percent of girls born in the United States are at risk for developing type 2 diabetes at some point in their lives.¹ Approximately one-third of overweight preschool children, one-half of overweight school-age children, and three-quarters of overweight teenagers grow up to be obese as adults.²

Studies of young children suggest that both poor nutrition and physical inactivity are primary factors contributing to excessive fat accumulation. The increase in overweight has been linked to increased sedentary activities such as watching television and computer and video games.³ According to a recent national survey and a series of focus groups with parents of young children, 83 percent of children under age six use some form of screen media every day, averaging about two hours per day, and more than 60 percent of babies one year old and younger watch screen media in a typical day.^{4,5} This decreases time for more vigorous motor activities. Children who do not participate in adequate physical activity are much more likely to be sedentary as adults than children who are active.

Some of the current societal trends that are resulting in poor nutrition and overweight in young children include:

- Busy lifestyles, leading to over-consumption of fast foods and convenience foods with high-fat and sugar content, and low-nutrient density.^{6,7}
- Decrease in meal planning, cooking, and eating home-prepared meals together as a family.
- Excessive consumption of liquids such as soft drinks and other sweetened beverages, juices, and milk.⁷
- Low intake of fruits and vegetables.
- Lack of variety and availability of more nutritious foods in low-income areas.
- Immigrants and other ethnic groups losing traditional food habits, sometimes losing more nutritious foods.
- Delayed weaning from the bottle.
- Inadequate nutrition education for many parents and child care providers.
- Widening gap between rich and poor, with many families struggling to provide adequate nutritious food with minimum-wage jobs.

- Exposure to media, advertising, and television watching from an early age.
- Inactivity due to increased use of cars, television, computers, and labor-saving devices; unsafe neighborhoods; and a built environment that discourages physical activity in daily life.

Prevention of overweight in young children involves changes in the whole family's lifestyle that promote healthy eating, more physical activity, and less sedentary behavior. Promoting positive behaviors early in childhood may help these behaviors continue into adulthood.

Common Concerns/Strategies

Nutrition and Learning

Proper nutrition is important to a child's readiness to learn. Young children who are well nourished are able to play and work with other children, are alert and eager to learn, and are less likely to be absent from childcare or preschool. Children who are hungry or poorly nourished are not able to take full advantage of the variety of enriching and educational experiences provided in the preschool setting. Specific nutrients, particularly iron, affect cognitive development. Iron deficiency can result in cognitive and motor deficits, some of which may not be reversible; thus, preventing iron deficiency is extremely important⁸ (see section on "Weaning from the Bottle"). Another health consequence of iron deficiency is enhanced lead absorption.⁸ Because childhood lead poisoning is a well-documented cause of neurological and developmental deficits, iron deficiency contributes to this problem both directly and indirectly.

Toddler Development

Children in the toddler age group go through major developmental and psychosocial transitions which influence their eating behaviors and nutritional status. Only nutrition-related developmental issues are addressed in this chapter.

Because children's growth rates decrease during the toddler years, their energy needs decrease as well.⁹ Parents often become concerned that their toddler is not eating enough, and they need reassurance that this is normal. When offered a variety of healthy foods, children usually eat enough to meet their nutritional needs.

Toddlers are also cautious about new foods and often refuse to try them. They need to look, smell, feel, and taste new foods, up to 15 to 20 times before they accept them.⁹ Toddlers are unpredictable in the amounts and types of foods they eat, from meal to meal and from day to day.

In spite of all these changes, toddlers will eat a variety of foods if their parents and caregivers serve appropriate meals and snacks, and keep exposing their children to new tastes and textures. If parents and other caregivers model eating a variety of food, their children are more likely to do so.¹⁰

Dietary Recommendations

Nutrition goals for ages one to three

The nutrition goals for early childhood are: to provide adequate nutrition to support normal growth and development, activity and learning; and, help children learn food preferences and dietary habits that prevent disease and support a lifetime of good health.

Specific nutrient recommendations (from DRIs for ages 1-3 years)¹¹

Protein

13 g per day (RDA)

5-20 percent of energy intake (Acceptable Macronutrient Distribution Range)

Fat

30-40 percent of energy intake (Acceptable Macronutrient Distribution Range)

Children under two years of age need calories from fat for proper growth and brain development. Fat intake should not be restricted during this time. Whole milk and whole milk products should be included in very young children's diets.

Children age two and older should gradually adopt a diet that by the age of five reflects the following pattern of nutrient intake:

- 20-35 percent of total energy from total fat, over several days
- Less than 10 percent of total energy from saturated fat
- Less than 300 mg cholesterol per day

After age two, children should drink low-fat or reduced-fat milk, and the amount of other fat in the diet should be gradually decreased.

Carbohydrates

130 g per day (RDA)

45-65 percent of energy intake (Acceptable Macronutrient Distribution Range)

No more than 25 percent of total energy from added sugars

Total fiber: 19 g per day (RDA) (14 g per 1,000 calories total energy intake)

Vitamins and minerals

Vitamin A: 300 mcg per day

Vitamin C: 15 mg per day

Vitamin D: 5 mcg per day

Folic Acid: 150 mcg per day

Iron: 7 mg per day

Calcium: 500 mg per day

Fluoride: 0.7 mg per day

General dietary recommendations (from the Dietary Guidelines for Americans 2005)¹²

Children age two and older should follow the Dietary Guidelines for Americans 2005:

- To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.
- Overweight children: reduce the rate of weight gain while allowing growth and development; consult health care provider before putting child on a weight loss diet.
- Eat a variety of fruits and vegetables each day; choose from all five vegetable subgroups (dark green, orange, legumes, starchy, and other) several times each week.
- At least half of all grain products should come from whole grains, with the rest coming from enriched grain products.
- Consume two cups per day of fat-free or low-fat milk or equivalent milk products (for children age 2-8).
- Keep saturated fat intake less than 10 percent of calories, cholesterol intake less than 300 mg per day, and trans fat intake as low as possible.
- Keep total fat intake between 30 and 35 percent of calories for children age 2-3 (25 to 35 percent for children age 4-18, and 20 to 35 percent for adults), with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.
- When choosing and preparing foods, make choices that are lean, low-fat, or fat-free.
- Limit intake of fats and oils high in saturated and/or trans fatty acids.
- Choose fiber-rich fruits, vegetables, and whole grains often.
- Choose and prepare foods and beverages with little added sugars.
- Choose and prepare foods with little salt, and eat potassium-rich foods such as fruits and vegetables.

Food group recommendations for ages 2-3 (from MyPyramid)¹³

Foods served to young children should follow the recommended eating patterns for healthy Americans as suggested by MyPyramid. The recommended calorie

range for children age 2-3 is from 1,000 to 1,400, depending on activity level. This corresponds to the following food intake patterns for children age 2-3:

- **Fruits:** 1 to 1.5 cups (1 cup = 1 cup fresh fruit or juice, or ½ cup dried fruit) – limit fruit juice to one 4-ounce serving a day.
- **Vegetables:** 1 to 1.5 cups (1 cup = 1 cup raw or cooked vegetables, or 2 cups raw leafy greens).
- **Grains:** 3 to 5 ounce equivalents (1 ounce equivalent = 1 slice bread, 1 cup cereal, ½ cup rice, pasta, or cooked cereal).
- **Meat and beans:** 2 to 4 ounce equivalents (1 ounce equivalent = 1 ounce meat/poultry/fish, 1 egg, 1 tablespoon peanut butter, ¼ cup cooked dry beans, ½ ounce nuts).
- **Milk:** 2 cups (1 cup = 1 cup milk or yogurt, 1 ½ ounces cheese).
- **Oils:** 3 to 4 teaspoons.

Offer child-size portions. Start with one tablespoon of each food for each year of the child's age. For example, give a two-year-old two tablespoons of rice and two tablespoons of vegetables. Let her ask for more.

Other nutrition issues for age one to three

Weaning from the bottle

Children should be weaned from the bottle between 12 and 14 months of age to reduce the risk of baby bottle tooth decay, anemia, ear infections, and overweight. Children who continue using the bottle often drink excessive amounts of milk, juice, and sweetened drinks. This excessive intake of liquid calories can displace the intake of solid foods, and can diminish the child's interest in trying new foods.⁸ Caregivers should offer children water to drink when they are thirsty.¹⁴

Oral health¹⁵

Recommendations:

- Children should:
 - Be weaned from the bottle between 12 and 14 months.
 - See a dentist by their first birthday.
 - Have a dental exam at least twice a year.
- To prevent dental caries: drink fluoridated water, use a tiny amount of fluoridated toothpaste, brush and floss regularly, have dental sealants applied to pits/fissures of teeth, and limit sweetened beverages and added sugars.
- Community water fluoridation is a safe and effective way to significantly reduce the risk of early childhood caries in infants. If bottled water is used, it is recommended to have 0.8 to 1.0 mg/L (ppm) of fluoride. Optimal concentration of fluoride in water for maximal dental caries prevention is 0.7

ppm to 1.2 ppm. If you use tap water and it is low in fluoride, ask your child's doctor about fluoride drops or tablets.

Consumption of milk and sweetened liquids

Excessive consumption of liquids such as milk, juices, soft drinks, and other sweetened liquids reduces children's appetites and prevents them from getting the nutrients they need from solid food. In FITS,¹⁶ beverages provided 36 percent of energy intake for children aged 19-24 months. Juices, fruit drinks, and carbonated beverages appeared to displace milk in some toddlers' diets. Milk consumption should be limited to 16 ounces per day, juice consumption limited to one four-ounce serving per day,¹⁷ and soft drinks and other sweetened liquids should be given very rarely if at all. Milk and juice should be served in a small, child-size cup.

Fiber

The DRI for fiber is 14 grams per 1,000 calories total energy intake, based on evidence for reduced cardiovascular disease risk at that level. In addition, fiber protects against constipation and has been shown to have many other health benefits, including decreased risk of some cancers, obesity, and diabetes. Several cross-sectional surveys on U.S. children and adolescents have found inadequate dietary fiber intakes, which could be improved by increasing consumption of whole fruits, vegetables, and whole-grain products.¹²

The Feeding Relationship

Eating challenges are especially noticeable during the toddler years when young children are becoming more mobile, exploring their environment, developing personalities, and acquiring new skills. All these factors impact feeding and eating. The transition to table foods presents many challenges for young children and their caregivers. In helping young children develop healthful attitudes toward food and eating, caregivers will benefit from understanding this developmental stage and adjusting parenting approaches accordingly.

Caregivers need to provide healthy meals and snacks at regular times in appropriate forms and textures, and respect the child's limits. They should offer nutritious meals and snacks without pressuring or restricting, and let the child eat what he or she wants from what is offered. The adult's responsibility is to offer suitable foods at appropriate times; the child determines what and how much to eat from those foods.⁹ Food should be offered every two to three hours (three meals and two to three snacks per day).

Caregivers should offer food that is easy for the child to eat: easy to chew, bite size or easy to hold, mild and simple. Something familiar that the child likes should always be offered along with new foods. Children should never be forced

to eat or even to taste foods; this practice is likely to make them more resistant. Children are usually more willing to try a new food if others, including older children, are eating the food.

Meal and snack times should be pleasant and relaxed. Meals and snacks can be important social times for children. Children eat better when an adult is nearby, especially when the adult shares the meal or snack with them. The family should eat meals together whenever possible, at least for one meal a day. Parents should turn off the television, sit and eat and talk with children.

Children need the opportunity to feed themselves at the family table. Young children often are messy eaters while they learn to feed themselves; caregivers need to be patient and understanding. Children should sit in a highchair or booster seat at this age. They should use forks and spoons that are designed for them (smaller and easier to use).

This is a good age to start teaching children where foods come from and how foods are grown. Parents and children can plant a vegetable garden together or visit a farm. Parents can also involve the child in food shopping and preparation. Young children can help to choose produce at the grocery store or farmers market. At home, they can start learning to help with food preparation; scrubbing produce, washing and tearing lettuce and other salad greens, carrying non-breakable items to the table. Often children are more interested in trying foods when they have helped to prepare them.¹⁸

Breastfeeding

Breastfeeding can be continued and should be encouraged as long as mother and child both desire. Breastfeeding after meals helps to ensure that breast milk does not take the place of solid foods that provide needed nutrients. Breastfeeding may even enhance the acceptability of new foods given to children during the transition to table foods, because of the early exposure to different flavors through breast milk.¹⁹

Choking prevention

- Do not serve foods that can cause choking, such as hot dogs, popcorn, nuts, raw carrots, grapes, dried fruit, chips, chunks of meat, and hard candy.
- Children should sit down to eat, and an adult should be nearby.

Food safety²⁰

- Wash hands, food contact surfaces, fruits and vegetables; do not wash or rinse meat or poultry.
- Separate raw, cooked, and ready-to-eat foods while shopping, storing, and preparing foods.

- Avoid cross-contamination. If possible, designate one cutting board for raw meats and another for fruits and vegetables.
- Cook foods to a safe temperature to kill microorganisms.
- Refrigerate perishable foods promptly.
- Defrost frozen foods properly, such as by placing them in the refrigerator or microwave to thaw or placing them, sealed, under cold running water.
- Avoid raw (unpasteurized) milk and any products made from raw milk, raw or partially cooked eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts (infants and young children and pregnant women should not eat or drink these foods at all).

What You Need to Know About Mercury in Fish and Shellfish²¹

2004 EPA and FDA Advice for:
Women Who Might Become Pregnant
Women Who are Pregnant
Nursing Mothers
Young Children

Fish and shellfish are an important part of a healthy diet. Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. So, women and young children in particular should include fish or shellfish in their diets due to the many nutritional benefits.

However, nearly all fish and shellfish contain trace amounts of mercury. For most people, the risk from mercury, by eating fish and shellfish, is not a health concern. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or a young child's developing nervous system. The risks from mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. Therefore, the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) are advising women who may become pregnant, pregnant women, nursing mothers, and young children to avoid some types of fish and eat fish and shellfish that are lower in mercury.

By following these three recommendations for selecting and eating fish or shellfish, women and young children will receive the benefits of eating fish and shellfish while reducing their exposure to the harmful effects of mercury:

1. Do not eat shark, swordfish, king mackerel, or tilefish because they contain high levels of mercury.
2. Eat up to 12 ounces (two average meals, smaller portions for young children) a week of a variety of fish and shellfish that are lower in mercury.
 - a. Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.
 - b. Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to six ounces (one average meal) of albacore tuna per week.
3. Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, and coastal areas. If no advice is available, eat up to six ounces (one average meal) per week of fish you catch from local waters, but do not consume any other fish during that week.

Follow these same recommendations when feeding fish and shellfish to your young child, but serve smaller portions.

See the Environmental Health Investigations Branch website at http://www.ehib.org/cma/topic.jsp?topic_key=8 for more information about recommended serving sizes.

For further information about the safety of locally caught fish and shellfish, visit the California Office of Environmental Health Hazard Assessment (OEHHA) website at: <http://www.oehha.ca.gov/fish.html>.

Physical Activity

Active play is important for young children and their families. When families are active, children learn to make physical activity a regular part of their lives.

Recommendations from the Dietary Guidelines for Americans:¹²

- Engage in regular physical activity; reduce sedentary activities.
- Children and adolescents should get at least 60 minutes of activity on most, preferably all, days.

Recommendations from the National Association for Sports and Physical Education:²²

- Toddlers should accumulate at least 30 minutes daily of structured physical activity; preschoolers at least 60 minutes.

- Toddlers and preschoolers should engage in at least 60 minutes and up to several hours per day of unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.
- Parent involvement plays a major role in helping children develop motor skills and enjoy physical activity.

Recommendations from Bright Futures in Practice: Physical Activity:²³

- Children need at least 60 minutes of moderate physical activity per day (tag, bike, walk, run, jump rope, etc.).
- Adults should set an example for children. They should be encouraged to join children in physical activity, and encourage them to be active.
- Decrease TV and computer time.
- Organized sports are inappropriate for children under age six, because they lack the motor skills, and the mental and emotional capabilities, to participate in organized sports.

According to the American Academy of Pediatrics, children under age two should not watch television; children age two and up should watch no more than one to two hours per day.⁵

Socioeconomic barriers to physical activity need to be addressed. Unsafe neighborhoods; lack of access to parks and other recreational facilities and programs; unavailability of quality, affordable childcare for young children; shortage of time especially in low-income households; and lack of understanding of the importance of movement for child development and health are all barriers to adequate physical activity for young children.

Barriers to Implementation/Myths

Food Insecurity

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

In 2004, 38.2 million people in the United States lived in food-insecure households, including 13.9 million children.²⁴ Of these individuals, 7.4 million adults and 3.3 million children lived in households where someone experienced hunger during the year. However, even in households with hunger, most of the children were not hungry. In most households, children (especially younger children) are usually protected from hunger unless hunger among adults in the household becomes quite severe. The number of children living in households classified as “food insecure with hunger among children” was 545,000 (0.7 percent of children in the nation). The prevalence of food insecurity varied considerably among household types. Some groups had rates of food insecurity

much higher than the national average (which was 11.9 percent of United States households in 2004):

- Households with incomes below the official poverty line for a family of four in 2004 – 36.8 percent food-insecure.
- Households with children headed by a single woman – 33 percent food-insecure.
- Black households – 23.7 percent food-insecure.
- Hispanic households – 21.7 percent food-insecure.

In California, more than 2.9 million low-income adults live with hunger or make daily decisions about whether to eat or to pay for other essential needs.²⁵

Among low-income adults in households with children, 38 percent are insecure about their next meal, and hunger affects 11 percent. Rates are higher in single-parent households with children.²⁶

Before reducing the quantity of food eaten, food-insecure households reduce food spending by changing the quality or variety of food consumed.²⁷ As a result, while families may get enough food to avoid feeling hungry, they may not get the nutrients needed to be properly nourished.

Overweight can also be an adaptive response to periods when people are unable to get enough to eat. Research indicates that chronic ups and downs in food availability can cause individuals to eat more when food is available than they normally would. Over time, this cycle can result in weight gain.²⁷

Generally, children with overweight mothers and low family income also tend to be overweight compared with higher-income households that are secure about food.²⁸ However, when parents were asked to report on whether their child was overweight, food insecurity by itself did not seem to play a role.²⁷ Other studies, too, have been unable to show a clear relationship between childhood overweight and food insecurity.^{29, 30}

Federal poverty guidelines are established by the Office of Management and Budget, and are updated annually by the Department of Health and Human Services (DHHS). These guidelines are used in setting eligibility criteria for a number of federal programs. The Food Action and Research Center (FRAC) reports that in 2004 nearly 19 percent of California's children were living in poverty compared to the national average of 18.4 percent.³¹

Federal, state, and community nutrition programs do more than reduce hunger and boost nutrition, as important as those effects are. They produce a range of other crucial economic, educational, and health outcomes. By picking up most food costs, they play a critical role in helping families pay for rent, child care, health care, energy, and other essentials. They strengthen community-based service providers. They increase access to a range of supportive services, including child care, and help improve the quality of care.³¹

Resources/Web Sites

U.S. Department of Agriculture (USDA) Programs:

Child and Adult Care Food Program (CACFP) provides nutritious meals and snacks to children in child care programs. Established meal pattern requirements and regulations ensure that the foods served through CACFP meet children's daily energy and nutrient needs. Research shows that children who receive CACFP meals and snacks have higher dietary nutrient levels, and consume more servings of milk and vegetables, and fewer servings of fats and sweets, than children in child care programs that do not participate in the program. The California Department of Education (CDE) administers this program. For more information, contact: 1-800-952-5609 or www.cde.ca.gov/ls/nu.

Commodity Supplemental Food Program (CSFP) provides nutritious food supplements for low-income pregnant, postpartum, and breast feeding women, their infants and children up to age six, and the elderly. The foods are chosen to help prevent infant mortality and low birth weight and to support normal child development. CSFP is currently operated in California by the San Diego Food Bank, San Francisco Food Bank, Community Action Partnership of Orange County, Redwood Empire Food Bank, Los Angeles Regional Food Bank, and The Modesto Love Center. CDE administers this program. For more information, contact: 1-800-952-5609 or www.cde.ca.gov/ls/nu.

Food Stamp Program provides low-income families with electronic benefits they can use like cash at most grocery stores to obtain a more adequate diet. The program increases food security and enhances household nutrition. Many recipients run out of food stamps and money to buy food before the end of each month. Studies show that this shortfall leads to food shortages at some point each month. These families face cycles of food availability and restriction, or forego a balanced diet and depend on a few inexpensive staples to meet their families' nutrition needs on a monthly basis. The California Department of Social Services administers this program. For more information, contact: www.dss.cahw.net.gov/foodstamps/.

National School Lunch and Breakfast Programs are federally assisted meal programs operating in public and nonprofit private schools and residential child care institutions (RCCI). Children who participate in these programs, compared with children who participate in neither program, consume more than twice as many servings of milk and of fruits and vegetables combined; and one-quarter the number of servings of soda and fruit-flavored drinks. The school lunch and breakfast programs are required to serve meals that are in compliance with the U.S. Dietary Guidelines for fat and saturated fat. CDE administers this program. For more information, contact: 1-800-952-5609 or www.cde.ca.gov/ls/nu.

Summer Food Service Program ensures that children in lower-income areas receive nutritious meals during long school vacations, when they do not have access to school lunch or breakfast. Eligible sponsors of the program receive supplemental reimbursement for serving healthful meals to children less than eighteen years of age. CDE administers this program. For more information, contact: 1-800-952-5609 or www.cde.ca.gov/ls/nu.

WIC – The Special Supplemental Nutrition Program for Women, Infants, and Children serves low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age five who are at nutritional risk by providing checks for nutritious foods to supplement their diets, nutrition education, and referrals to health care. WIC has been shown to improve the dietary intake of pregnant and post-partum women and young children. The WIC program raises birth weights and reduces infant mortality and early childhood obesity.³¹ The California Department of Health Services, WIC Branch, administers this program. For more information, contact: 1-888-WIC-WORKS (1-888-942-9675) or www.wicworks.ca.gov.

Department of Health and Human Services (DHHS) Programs:

Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age five, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing school readiness of young children in low-income families. Wellness is recognized as a significant contributor to each child's ability to thrive and develop. Accordingly, health screenings evaluate the child's overall health status, and regular health check-ups and good practices in oral health, hygiene, nutrition, personal care, and safety are incorporated into the program. California Head Start agencies participate in CACFP to ensure that children receive nutritious meals and snacks while in child care. For more information, contact: 1-916-444-7760 or <http://caheadstart.org/index.html>.

Other Programs:

The California Association of Food Banks (CAFB) was founded in 1995 to promote collaboration in response to emerging social, economic, and legislative challenges impacting hungry people throughout California. The mission of CAFB is to provide a unified voice among food banks to maximize their ability to ensure that the people of California are well-nourished. The major focus of food banks is not to provide food directly to low-income individuals and families. Instead, food banks provide food to other community-based agencies that, in turn, provide food to low-income families. However, the term *food bank* is often used for agencies that primarily provide food directly to individuals. Many of these agencies may have very limited warehouse space, and may focus on a smaller service area. For more information, contact: 1-916-321-4435 or <http://www.cafoodbanks.org>.

Expanded Food and Nutrition Education Program (EFNEP) provides nutrition education for low-income families with young children. The program has been proven effective in improving food intake and food safety practices of families. Classes include information on parenting practices, meal planning and food shopping, food selection and preparation, food safety, and physical activity. The program is administered by the University of California at the county level. For more information, see <http://efnep.ucdavis.edu/>.

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