

Key Findings for Achieving a State of Healthy Weight (ASHW) Assessments: 2010-2022

The table below presents key findings related to the ASHW High-Impact Obesity Prevention Standards (HIOPS). To access our latest publications, please visit: <https://nursing.cuanschutz.edu/research/healthy-weight>

| ASHW 2010 & ASHW 2011 |
|--|
| <ul style="list-style-type: none"> • 2010 baseline assessment rated all states' regulations for HIOPS in Nutrition, Infant Feeding, & Physical Activity/Screen Time • In both 2010 & 2011: <ul style="list-style-type: none"> ◦ HIOPS were not substantially better regulated for one care type vs. others ◦ Only 13% all ratings nationally indicated regulations fully supporting HIOPS ◦ More than half of the ratings indicated no relevant HIOPS text was identified ◦ Physical Activity/Screen Time was the least regulated domain ◦ Leading states (with strongest HIOPS regulations) were DE & MS • AZ, AR & ND enacted 2011 regulatory changes - 88% of changes improved HIOPS |
| ASHW 2012 |
| <ul style="list-style-type: none"> • 12 states (CA, CO, FL, IA, KS, MD, NV, NM, NC, TX, WA & WY) enacted regulatory changes - 94% of rated changes improved HIOPS • 15% of all ratings nationally indicated regulations fully supporting HIOPS • Physical Activity/Screen Time HIOPS remained largely unregulated • Child and Adult Care Food Program (CACFP) guidelines newly supported 2 HIOPS: <ul style="list-style-type: none"> ◦ Serve 1% or skim milk to children 2 and older—30 states received higher ratings ◦ Make water available both inside and outside—25 states received higher ratings • Leading states were: DE, MS |
| ASHW 2013 |
| <ul style="list-style-type: none"> • 10 states (FL, KS, KY, MS, NE, NJ, NC, ND, RI & WY) enacted regulatory changes - 94% of rated changes improved HIOPS • 16% of all ratings nationally indicated regulations fully supporting HIOPS • Physical Activity/Screen Time HIOPS remained least regulated • COPR scores were introduced to compare states' regulations and treatment of HIOPS • Leading states were: DE, MS, NC & RI |
| ASHW 2014 |
| <ul style="list-style-type: none"> • 7 states (GA, IL, MI, NM, NY, TX & WV) enacted regulatory changes - 100% of rated changes improved HIOPS • 17% of all ratings nationally indicated regulations fully supporting HIOPS • Most improved HIOPS were for infant tummy time and prohibiting juice for infants • Physical Activity/Screen Time HIOPS remained largely unregulated • Leading states remained DE, MS, NC & RI • 23 states' regulations re: HIOPS were unchanged since 2010 |
| ASHW 2015 |
| <ul style="list-style-type: none"> • 6 states (AR, CO, DE, LA, MD & NY) enacted regulatory changes - 91% of rated changes improved HIOPS • 17% of all ratings nationally indicated regulations fully supporting HIOPS • Most improved HIOPS were serving low-fat milk for children 2+, and use screen media only for educational and physical activity purposes • Leading states remained DE, MS, NC & RI • 23 states' regulations re: HIOPS remained unchanged since 2010 • Physical Activity/Screen Time changed more than Infant Feeding and Nutrition |

ASHW 2016

- 6 states (CO, DC, MO, OH, OK & VT) enacted regulatory changes – 76% of rated changes improved HIOPS
 - DC’s HIOPS changes yielded vast “state” improvements
- 18% of all ratings nationally indicated regulations fully supporting HIOPS
- Leading states were DE, MS, NC, & CO
- Regulations often contradict 3 HIOPS: Avoid sugar, No juice under 12 months, and Serve mashed/pureed whole fruit 6-12 mos.

ASHW 2017

- 7 states (DE, FL, ME, NH, NJ, RI & UT) enacted regulatory changes – 83% of rated changes improved HIOPS
- 24% of all ratings nationally indicated regulations fully supporting HIOPS; 1% contradict HIOPS
- Leading “states” were DC, NC, CO, VT & MD
- Most improved states since 2010 were DC, FL, NJ, VT & UT
- 29* states earned nearly 600 positive changes in 2017 to due to mandatory CACFP Meal Pattern improvements
- Most improved HIOPS were Serve no juice before age 12 mos. (ID3) and Serve low-fat milk age 2+ (NA5), due to CACFP changes since 2010
- 15 states’ regulations re: HIOPS remained unchanged 2010-2017

**Reflects correction to national dataset in which 2017 CACFP improved ratings were applied for Oregon Small Family Child Care Home regulations that were not reported in ASHW 2017*

ASHW 2018

- 5 states (AL, KY, NV, NC & TN) enacted regulatory changes – 83% of rated changes improved HIOPS
- Leading states were TN, NC, DC, CO
- HIOPS were strengthened by 83% of state changes; HIOPS were weakened by 17% of state changes
- HIOPS were most fully supported in TN, NC & NV
- From 2010 to 2018:
 - Full regulatory support of HIOPS increased from 12% to 26%
 - Licensing regulations contradicting HIOPS decreased from 3% to 1%
 - Failure to address HIOPS in licensing regulations declined from 55% to 43%
- Most improved HIOPS were feed infants on cue (IB1), use only 100% juice...(NC1), make water available...(ND1), serve small-sized, age-appropriate portions (NF1) and provide children with adequate space...(PA1)
- Least supported HIOPS were limit oils...and fried foods (NA1), limit salt...(NG1), provide orientation and annual training opportunities for caregivers/teachers to...promote physical activity (PA2), develop written policies on the promotion of physical activity...(PA3), and require caregivers/teachers to...participate in active games (PA4)

ASHW 2019

- 7 states (AL, AZ, DE, FL, MI, WA & WI) enacted regulatory changes – 74% of these revisions increased support for obesity prevention, while 26% weakened support
- Infant Feeding HIOPS were most successfully included in new 2019 ECE regulations
- Washington led the nation in ECE regulations that support obesity prevention
- States that most fully supported HIOPS across licensed child care types were WA, TN, DE, with more than 10 states following closely behind
- From 2010 to 2019:
 - Full regulatory support of HIOPS increased from 12% to 26%
 - Licensing regulations contradicting HIOPS decreased from 3% to 1%
 - Failure to address HIOPS in licensing regulations declined from 55% to 42%
- Most supported HIOPS were provide children with adequate space...(PA1), make water available...(ND1), and serve small-sized, age-appropriate portions (NF1)
- Least supported HIOPS were limit salt...(NG1), develop written policies on the promotion of physical activity...(PA3), and limit oils...and fried foods (NA1)

| ASHW 2020 |
|---|
| <ul style="list-style-type: none"> 7 states (AZ, AR, DE, GA, MS, ND & PA) enacted regulatory changes - 81% of these revisions increased support for obesity prevention, while 19% weakened support The majority of state revisions to licensing regulations impacted Large and Small Family Child Care Homes. Washington continued to lead the nation in regulations that support obesity prevention, followed by TN & DE Georgia's Small Family Child Care Homes were required to comply with CACFP, which strengthened their infant feeding and nutrition practices. Delaware made revisions that prohibited serving juice to any infant in child care centers. Mississippi made positive changes impacting physical activity practices for infants and toddlers, and limited the use of infant equipment, such as swings and strollers. From 2010 to 2020, states with the most improved support of the HIOPS were: DC, FL, TN, NV, VT, & UT The most supported HIOPS continued to be provide children with adequate space...(PA1), make water available...(ND1), and serve small-sized, age-appropriate portions (NF1) The least supported HIOPS continued to be limit salt...(NG1), develop written policies on the promotion of physical activity...(PA3), and limit oils...and fried foods (NA1) |
| ASHW 2021 |
| <ul style="list-style-type: none"> 12 states (AL, CO, CT, DE, KY, LA, ME, MT, OH, OR, RI & TX) enacted regulatory changes -76% of these revisions increased support for obesity prevention, while 24% weakened support In 2021, the highest number of state licensing regulations were rated since 2012 Texas led the nation in ECE regulations that support obesity prevention Rhode Island made substantial positive changes to family child care regulations impacting infant feeding, nutrition, and physical activity practices for the first time since 2010 From 2010 to 2021, states with the most improved support of the HIOPS were: DC, FL, TN, NV, TX, & VT The most supported HIOPS continued to be provide children with adequate space...(PA1), make water available...(ND1), and serve small-sized, age-appropriate portions (NF1) The least supported HIOPS were limit oils...and fried foods (NA1, limit salt...(NG1), and require adults to eat items that meet nutrition standards (NE2) |
| ASHW 2022 |
| <ul style="list-style-type: none"> 7 states (GA, ID, IN, NH, OK, TN & WY) enacted regulatory changes -82% of these revisions increased support for obesity prevention, while 18% weakened support Nationally, HIOPS were supported by licensing regulations in: 64% of child care centers, 58% of large family child care homes, and 55% of small family child care homes Tennessee led the nation in ECE regulations that support obesity prevention. Tennessee's revisions included prohibiting the serving of sugar-sweetened beverages, enhancing the CACFP meal patterns already in place Indiana made many positive changes, including that water be made freely available and better aligning rules for child care centers and family child care homes. From 2010 to 2022, states with the most improved support of the HIOPS remain: DC, FL, TN, NV, TX, & VT The most supported HIOPS continued to be provide children with adequate space...(PA1), make water available...(ND1), and serve small-sized, age-appropriate portions (NF1) The least supported HIOPS were limit oils...and fried foods (NA1), limit salt...(NG1), and provide staff orientation and training opportunities for physical activity (PA2) Support for the following HIOPS improved the most across all care types: serve no juice to children younger than 12 months of age (ID3), serve skin or 1% pasteurized milk to children two years or age and older (NA5), offer 100% juice only during meal times (NC2), and serve whole fruits, mashed or pureed, for infants 6 months up to 1 year of age (ID2) |
| Notes |
| <ul style="list-style-type: none"> Several states made changes each year that were not pertinent to the 47 ASHW HIOPS See prior ASHW reports @ https://nursing.cuanschutz.edu/research/healthy-weight/healthy-weight-archives Annual %s of positive change listed below may differ from reports accessed above, as %s were recalculated to account for data adjustments described in ASHW 2017, Appendix C |