

MISSISSIPPI: Training to Reduce Non-Educational Screen Time for Young Children



This brief provides a summary of the CHOICES Learning Collaborative Partnership simulation model of training for Mississippi licensed child care providers to reduce young children's non-educational screen time. Child care program staff would be offered training in the Fit5Kids program¹ to support families in reducing home screen time.

The Issue

Over the past three decades, more and more people have developed obesity.² Today, nearly nine percent of 2-5 year olds have obesity.³ Now labeled as an epidemic, health care costs for treating obesity-related health conditions such as heart disease and diabetes were \$147 billion in 2008.⁴ While multiple strategies are needed to reverse the epidemic, emerging prevention strategies directed at children show great promise for addressing the epidemic.⁵ A large body of evidence shows that limiting time watching non-educational television helps kids grow up at a healthy weight.⁶

In Mississippi, approximately 35% of 2-5 year olds attend a licensed child care program, either a center or a family daycare home.⁷ Licensed programs can offer healthy, nurturing environments for children,⁸ and this training approach can support programs in helping families adopt healthier screen time habits at home.¹

About the Policy and Training to Help Licensing Care Programs Reduce Screen Time

The voluntary training in the evidence-based Fit5Kids program involves training child care providers to incorporate lesson plans and activities about viewing too much television into the daily curriculum and also involves a parent outreach component to reduce screen time at home.¹ In this model, the state Department of Health would offer regional trainings. Offering a training statewide could provide participating child care providers with new tools to help families adopt healthier habits.

Comparing Costs and Outcomes

CHOICES cost-effectiveness analysis compared the costs and outcomes of implementing a screen time program training over 10 years with costs and outcomes associated with not implementing the training. The approach assumes that 20% of licensed child care centers would opt to participate in the Fit5Kids program.

Implementing screen time reduction programs throughout MS child care is an investment in the future. By the end of 2025:



OVER 27,900 CHILDREN

reached and benefitting from less screen time overall.



243 CASES OF CHILDHOOD OBESITY PREVENTED

in 2025.

\$20.80

COST PER CHILD

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Conclusions and Implications

Every child deserves a healthy start in life. This includes ensuring that all kids in child care have opportunities to be healthy, no matter where they live or where they go for child care. A state-level initiative to support child care providers in reaching out to families could prevent 243 cases of childhood obesity in Mississippi in 2025 and ensure screen time habits for 27,900 children.

For every \$1 spent on implementing this screen time strategy, we would save \$0.17 in health care costs. While implementing the Fit5Kids program does not pay for itself in the 10-year time frame modeled here, the results reinforce the importance of investing in prevention efforts, relative to other treatment interventions, to reduce the prevalence of obesity. Shortchanging prevention efforts can lead to more costly and complicated treatment options in the future, whereas introducing small changes to young children can help them develop healthy habits for life.

Evidence is growing about how to help children achieve a healthy weight. Programs to reduce screen time in child care are laying the foundation for a healthier future by helping child care providers create environments that nurture healthy habits. Leaders at the federal, state, and local level should use the best available evidence to determine which evidence-based programs and policies hold the most promise to help children grow up at a healthy weight.



¹ Mendoza, J.A., Baranowski, T., Jaramillo, S., Fesinmeyer, M.D., Haaland, W., Thompson, D., Nicklas, T.A. (2016). Fit 5 Kids TV Reduction Program for Latino Preschoolers: A Cluster Randomized Controlled Trial. *Am J Prev Med*, 50(5), 584-92.

² Flegal, K.M., Kruszon-Moran, D., Carroll, M.D., Fryar, C.D., Ogden, C.L. (2016). Trends in Obesity Among Adults in the United States, 2005 to 2014. *JAMA*, 315(21), 2284-91.

³ Ogden, C. L., Carroll, M. D., Lawman, H. G., Fryar, C. D., Kruszon-Moran, D., Kit, B. K., & Flegal, K. M. (2016). Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014. *JAMA*, 315(21), 2292-2299.

⁴ Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual Medical Spending Attributable To Obesity: Payer-And Service-Specific Estimates. *Health Affairs*. 2009;28(5).

⁵ Gortmaker, S. L., Wang, Y. C., Long, M. W., Giles, C. M., Ward, Z. J., Barrett, J. L., ...Cradock, A. L. (2015). Three interventions that reduce childhood obesity are projected to save more than they cost to implement. *Health Affairs*, 34(11), 1932-1939.

⁶ Community Preventive Services Task Force. (2016). Reducing Children's Recreational Sedentary Screen Time: Recommendation of the Community Preventive Services Task Force. *Am J Prev Med*, 50(3), 416-8.

⁷ Communication with Mississippi Department of Public Health Child Care Licensing Office.

⁸ American Academy Of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd edition. Elk Grove Village, IL: American Academy of Pediatrics.

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