Author's response to reviews

Title: Obesity prevention in child care: A review of U.S. state regulations

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May 12, 2008

Thank you for the thorough review of MS: 2290279981787845 - Obesity prevention in child care: A review of U.S. state regulations. As detailed below, we have addressed carefully each reviewer’s comments and made the appropriate changes to the text. We hope that the modifications to the manuscript have enhanced this paper.

Reviewer 1:

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

- The article might be enhanced by developing a US map that would summarize the findings, e.g., included a coding scheme that would indicate the number of key regulations in place in each state.

We appreciate this suggestion and would be willing to create this map if the editor feels strongly that it should be included in the article.

- Page 5, lin2, would suggest saying “children, aged 2 through 5 years…”

Changed per reviewer suggestion.

- Page 5, line 10—delete “more easily”; genetic factors are not modifiable.

Corrected, thank you.

- Page 6, last line. Might want to add “physical activity and TV viewing” after “nutrition.”

Changed per reviewer suggestion.

- Page 8, line 17, might want to add “provision of breast milk” after breastfeeding.

Changed per reviewer suggestion.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of
a term, which the author can be trusted to correct)

- Should discuss how the “key items” were selected. And why some were not included. For example, fruits and vegetables are not included.

Thank you for this suggestion. We have added a paragraph to the top of page 9 (see excerpt below).

During the review of state regulations, we found more than 50 nutrition and physical activity regulations. The majority of food-related regulations were more associated with food safety and sanitation and the majority of physical activity-related regulations were related to injury prevention. Of those regulations not related to food safety, sanitation, or injury prevention, we selected regulations more closely associated with obesity. A number of regulations were not included in this review (e.g., mandating provision of fruits and vegetables, prohibiting vending machines) because either the regulation was only mentioned in 1 or 2 states or the research literature was inconclusive on the relationship between the item and childhood obesity.

- In multiple places, such as, for example the abstract, the authors state that they are describing “state regulations related to childhood obesity.” They are actually describing state regulations related to nutrition, physical activity and/or TV or screen time that may contribute to the prevention of childhood obesity. This should be more clearly stated.

Thank you for this recommendation. We have made the necessary corrections throughout the manuscript.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

None
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Reviewer 2:

The manuscript provides important and timely information about state policies for child care settings that have been related to obesity prevention in the literature. This document has great potential to be cited by researchers and policymakers who are striving to improve the child care environment in relation to obesity prevention. The tables and comprehensive lists of references are especially informative. Comments on the manuscript are presented below:

Discretionary Revisions

1. As written, the Introduction sounds like a typical review of childhood obesity. Consider reframing the Introduction to start with children in child care settings (e.g., how much time is spent, how this greatly influences children’s nutrition and PA and thus risk of obesity). Then discuss state regulations of child care settings and especially regulations related to nutrition and physical activity. Then provide evidence from the literature about these particular regulations in relation to obesity prevention. Then close with the disparities among states regarding regulations and the objective of this paper.

We appreciate this suggestion but hope that the introduction of the manuscript can remain in its current form.

Minor Essential Revisions

1. In the Methods, provide definitions for “child care center” and “family child care home.”

Thank you for this suggestion. We had added a paragraph defining ‘child care center’ and ‘family child care home’ to the middle of page 9 (see excerpt below).
Child care centers by definition care for greater numbers of children and typically have more employees than family child care homes. A second key difference is that family child care homes are located in the residence of the owner and operator of the child care facility, who is often the only provider of care. States have varying definitions for the maximum number of children allowed to receive care in a family child care home, but typically limit enrollment to six or fewer children.

2. In the Methods, for context, explain how many and the types of regulations that were available from which the 7 obesity-related items were selected. Here is where you might want to mention vending machines so you have a link for why this issue is brought up in the Discussion.

Thank you for this suggestion. We have added a paragraph to the top of page 9 (see excerpt below).

During the review of state regulations, we found more than 50 nutrition and physical activity regulations. The majority of food-related regulations were more associated with food safety and sanitation and the majority of physical activity-related regulations were related to injury prevention. Of those regulations not related to food safety, sanitation, or injury prevention, we selected regulations more closely associated with obesity. A number of regulations were not included in this review (e.g., mandating provision of fruits and vegetables, prohibiting vending machines) because either the regulation was only mentioned in 1 or 2 states or the research literature was inconclusive on the relationship between the item and childhood obesity.

3. Policy is only as good as implementation and enforcement. In the Discussion, it would be helpful to include commentary on how states enforce these policies. For example, in NYC, the Department of Health and Mental Hygiene employs food sanitation inspectors that visit licensed child care centers to assess adherence to city regulations. What mechanisms exist at the state level?

Thank you for this suggestion. We have added sentences describing the frequency with which each state conducts compliance checks in child care centers and family child care homes (see excerpt below).

Frequency of compliance checks vary from state to state. For child care centers, 29 states visit centers one time per year, 16 states visit 2 times per year, and 6 states visit 3 or more times per year for routine inspections. For family child care homes, states assess compliance less frequently (range: every 6 months to 10 years). Some states do not require routine inspections of family child care homes unless a formal complaint is filed.

4. In the Discussion, where #75 is referenced, it would be helpful to include examples of “simple, easy to follow nutrition and physical activity regulations.”
We have added examples to reference #75 in the manuscript (see excerpt below).

In a recent publication, Story et al.[75] contend that inadequate nutrition and physical activity regulations represent a missed opportunity for childhood obesity prevention. Moreover, they argue that simple, easy to follow nutrition and physical activity regulations, such as prohibiting sugar-sweetened beverages and requiring physical activity daily may help promote healthy weight in young children in child care.[75]

5. In the Discussion, where New York City is mentioned, please add a reference to Article 47 in the New York City health code that includes the new nutrition and physical activity policies for licensed group child care centers. The Discussion would be improved if others cities are mentioned so the reader gets an idea of whether NYC is an anomaly or this is common in other states.

We have added the reference to Article 47 in the New York City health code to the Discussion section of the manuscript.