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Testimony before the Committee on Children
in favor of

SB 651, An Act Concerning Nutrition Standards for Child Care Settings and Early Education Programs.

February 14, 2013

Good day Senator Bartolomeo, Representative Urban and members of the Committee on Children. My name is Lucy Nolan and I am the Executive Director of End Hunger Connecticut!, a statewide anti-hunger and food security organization. In that position I sit on the steering committee of the Connecticut Coalition Against Childhood Obesity, which is supported by 30 organizations. We back priority policies that will improve nutrition and physical activity in schools, child care settings, and communities that are based on best practices; are likely to reduce the incidence of childhood obesity, have a positive impact on children's health; and are achievable through policy, regulation and other reform actions. We are in support of SB 651, An Act Concerning Nutrition Standards for Child Care Settings and Early Education Program.

Childhood obesity is a problem in this country and the state. In the United States the prevalence of obesity is high. 26.2 percent of children aged 2-5 are classified as obese.¹ While a tendency towards overweight and obesity can be genetic diet and exercise can mitigate the issue. This legislation puts Connecticut, in addition with seven other states, in the lead on finding a public policy solution to this issue.

Last December the Coalition hosted a forum on childhood obesity to engage leaders in government, education, health care, and advocacy in a dialogue that asked what policies can help us find sensible and workable strategies to alleviate childhood obesity in Connecticut.² Opening remarks came from state Senate President Donald Williams of Brooklyn; Dr. Jewel Mullen, commissioner of the state Department of Public Health; Stefan Pryor, commissioner of the state Department of Education. The keynote address was delivered by Kelly Brownell, PhD, director of Yale University's Rudd Center for Food Policy and Obesity.

Out of the forum came many ideas one of which was to create nutrition guidelines for childcare settings and early education programs. Since children learn many nutrition behaviors in their early years, and also are prone to acting along with their peers it is clear that this is a venue in which public policy can make a difference. Additionally, as much as 50 to 100 percent of children's daily nutrition requirements can come from their home away from home it is critical that young children are given the right tools to carry on the rest of their lives as healthfully as possible.

¹ Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM: **Prevalence of Overweight and Obesity in the United States, 1999-2004.** *JAMA* 2006, **295**(13):1549-1555.

² Connecticut Coalition Against Childhood Obesity Fall 2012 Forum
<http://ct-n.com/ondemand.asp?ID=8401>

Ensuring that children have healthy beverages that do not contribute to overweight and obesity or create a need for sugar-sweetened beverages in their growing years we support the following beverage guidelines that are from the New York City Department of Health for use in Connecticut.

NUTRITION GUIDELINES FOR GROUP CHILD CARE SERVICES¹
NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Beverage Guidelines: The NYC Health Code §47.61 states the following in reference to beverages in child care centers:

(1) Beverages with added sweeteners, whether artificial or natural, shall not be provided to children.

Effective Date: January 1, 2007 Revised: September 1, 2011

□ (2) Juice shall only be provided to children over eight (8) months of age, and only 100% juice shall be permitted. Children shall receive no more than six (6) ounces of 100% juice per day.

(3) When milk is provided, children ages two and older shall only be served milk with 1% or less milk-fat unless milk with a higher fat content is medically required for an individual child, as documented by the child's medical provider.

(4) Water shall be made available and shall be easily accessible to children throughout the day, including at all meals. Potable drinking water supplies shall be located in or near classrooms and playrooms. Except when bubbler fountains are used, individual disposable drinking cups shall be provided within reach of children. If bubbler fountains are used, they shall be of the angle jet type with suitable guards and shall have water pressure sufficient to raise the water high enough above the spout to avoid contamination.

The Connecticut Department of Public Health Statutes and Regulations for licensing Child Day Care Centers and Group Day Care Homes specifically speak to the serving of "nutritionally adequate" meals and snacks (Sec. 19a-79-6a). This would be a perfect place to include the beverage guidelines above.

These regulations would not be onerous to child providers and would not increase expenses. However, it would indicate that the state is serious about childhood obesity and asking the providers to be a partner in efforts to decrease childhood obesity. An added bonus will be that creating a taste for water and low-fat milk will carry through adulthood. This is the place to start.

The regulations should cross all childcare platforms, from Day Care Centers to Family Home Centers to assure consistent quality of care and to minimize variation among providers. These standards should also apply to beverages served by the center and to beverages brought in to the centers by parents. Again, there need not be any mixed messages to children.

Finally, in order to assuage some fears and to answer the question, these regulations would in no way effect the reimbursement for the Child and Adult Care Feeding Program, or CACFP. CACFP is a federal program that reimburses many types of organizations, including childcare settings, for meals and snacks served based on the requirements of the USDA. Since studies show that children in CACFP receive meals that are nutritionally superior to those served in childcare settings without CACFP it would be detrimental to hinder the use of the program in anyway.

Unfortunately the use of CACFP by centers and children has gone down over the years, which increases the need for a state policy on sugar-sweetened beverages and low-fat milk.

I would like to reiterate that reasoning behind this proposed legislation. Speakers at the forum spoke to the point that when children develop a taste for sugar early on it is hard to break them from this habit and move them to a healthier beverage, such as water. While 100 percent fruit juice is included in the above policy the amount is limited to ensure that young children are not getting too much. It can be diluted with water to increase its volume if necessary.

If we are going to cut childhood obesity this is a step towards that goal. As mentioned above, when children are overweight or obese before age 8 there is a greater likelihood that they will be overweight or obese as adults. The ramifications of that will be carried with them throughout their lifetime. Overweight and obese children face more stigma, have issues at school and work and have self-esteem issues. The physical issues are significant as well, early onset diabetes, heart issues and a tendency towards certain cancers. We must do everything we can in our power to help our children grow up to be strong and healthy citizens.

I urge you to vote this concept bill out using the language above.

Thanks you very much.