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*Twenty-ninth District*
**President Pro Tempore**

**Testimony before the Committee on Children**
**Senator Donald E. Williams, Jr.**

**In Support of Proposed Senate Bill 48: An Act Concerning Nutrition Standards for Child Care Settings**

**February 27, 2014**

Senator Bartolomeo, Representative Urban, and members of the committee, thank you for this opportunity to testify in support of Proposed Senate Bill 48, ***AN ACT CONCERNING NUTRITION STANDARDS FOR CHILD CARE SETTINGS.***

Obesity has profound consequences for both children and adults, here in Connecticut and throughout the United States.

According to our state Department of Public Health (DPH), obesity is the second leading cause of preventable death in the United States after smoking. It is a major risk factor for many chronic diseases, including 4 of the 10 leading causes of death in the United States: heart disease, stroke, diabetes and several forms of cancer. More than 60% of overweight children exhibit at least one risk factor for heart disease. Moreover, Type 2 diabetes, which was once referred to as "adult-onset diabetes", now represents up to 45% of new pediatric cases, compared with only 4% a decade ago.[1]

In recent years, through two invaluable studies involving direct physical measurement of large samples of Connecticut children, we have learned some startling statistics about how widespread the prevalence of obesity and overweight is amongst young children in our state.

The first study, by DPH, involved an examination during the 2010-2011 school year of kindergartners and third graders from a representative sample of 74 schools throughout Connecticut. Over 8000 students were measured for height and weight. **In its October 2012 report detailing its findings, DPH reported that almost one third or 32 percent of the Connecticut kindergartners and third graders who were measured in 2010-2011 were either overweight (15.6%) or obese (16.1%).** The non-Hispanic Black (40.8%) and Hispanic (43.3%) children in the sample were significantly more likely to be

[1] DPH Nutrition, Physical Activity & Obesity Program, Fall 2013, "Childhood Obesity in Connecticut", pg. 1

overweight or obese than non-Hispanic white (26.8%) children. To define "overweight" and "obese", DPH used the standards set forth by the United States Centers for Disease Control and Prevention (CDC): a child was "obese" if their Body Mass Index (BMI) was at or above the 95th percentile, and "overweight" if their BMI was at or above the 85th percentile but below the 95th. [2]

The second recent Connecticut study was conducted by researchers at the University of Connecticut's Center for Public Health, at the request of the City Of Hartford. In April 2012 the researchers measured the height and weight of 1,120 preschoolers between the ages of 3 and 5 in attendance that day at 35 center-based preschools throughout Hartford (which were randomly selected from the city's 66 center-based preschools). In its report, issued this past August, the **UCONN Center for Public Health reported that 37 percent of the Hartford preschool children they measured in April 2012 were either overweight or obese. 17% were overweight, and an even greater number, 20%, were obese.**[3]

Clearly, these Connecticut-specific numbers are unacceptable.

Another very recent study, published last month in the New England Journal of Medicine, illustrates how critical the issues of overweight and obesity are when it comes to preschool aged children. The study appears to have confirmed what had been assumed by the public health community for some time: that a child who is overweight or obese by the time they reach kindergarten is far more likely to be overweight or obese as they grow up, as opposed to a kindergartner of normal weight. The study, conducted by researchers at the School of Public Health at Emory University, involved over 7000 children from a national sample. Their height and weight were measured once a year, from kindergarten through eighth grade. The study found that children age 5 who were overweight or obese (around 27 percent) were far more likely to be overweight or obese in their teen years. Moreover, the children who were overweight at age 5 were four times more likely to be obese at age 14 than kindergartners of normal weight.[4]

According to the Emory researchers, their findings show that **"a substantial component of childhood obesity is established by the age of 5 years."** (Emphasis provided)[5]

Regarding the rates of overweight and obesity amongst preschool aged children throughout the United States, a CDC study published just yesterday, in the Journal of the American Medical Association, may provide some good news. While the CDC reported that overall "there have been no significant changes in obesity prevalence in youth or

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[2] Connecticut DPH, "Overweight and Obesity Among Kindergarten and Third Grade Children in Connecticut", pg. 4

[3] "Child Weight Surveillance in Preschool in Hartford, Connecticut", completed May 2012 for the City of Hartford, Department of Families, Children, Youth and Recreation by the University of Connecticut's Center for Public Health and Health Policy, pg. 5

[4] "Incidence of Childhood Obesity in the United States", Cunningham, et al., The New England Journal of Medicine, January 30, 2014, pg. 409

[5] Ibid, pg. 410

adults between 2003-2004 and 2011-2012"[6], and that 22.8 percent of children ages 2-5 are either overweight or obese[7], the 2011-2012 data did show a marked decrease over the preceding 10 year period in the rates of children ages 2-5 who are actually obese. According to the CDC, the rate of obesity among 2-5 year olds in America went from 13.9% in 2003-2004 to 8.4% in 2011-2012, a decline of 43%. [8]

I believe it is important that we in Connecticut are not made complacent by these newly released national figures. They do not in my view mitigate the childhood obesity crisis in Connecticut. **Instead, the fact that 20% of a sample of over 1,000 Hartford preschoolers were found to be obese in 2012, compared to 8.4% of preschoolers nationally who were measured in the same year, means that we need to redouble our efforts to fight childhood obesity amongst our children aged 5 and younger here in our state.**

Senate Bill 48 is designed to help fight this battle against childhood obesity amongst Connecticut children aged 5 and younger. The bill, in a manner similar to laws already enacted in the State of California and New York City, and consistent with recommendations by the CDC, limits the types of beverages that can be served by state-licensed day care providers to the very young children in their care. Such providers would be prohibited from serving beverages with added sweeteners to any child, unless the child's parents bring the beverage in from home, specifically for their child. The providers would be prohibited from serving juice to children less than nine months of age, and limited to providing one serving of 100 percent juice per day to older children. They also would be prohibited from serving full fat or 2 percent fat milk to children two years of age or older, unless such milk is medically required. Finally, all providers would be required to make water available and easily accessible to children under their care throughout the day, including at all meals, and to locate drinkable water in or near all classrooms and playrooms.

According to the CDC, in its "Children's Food Environment State Indicator Report, 2011", **"the leading source of added sugar among children is sugar-sweetened drinks"** (emphasis provided).[9] Therefore, the CDC recommends that "ensuring the availability of drinking water and limiting access to sugar drinks are ways to improve the food environment of child care facilities. The simple step of displacing sugar drinks with drinking water can substantially reduce excess energy intake among children. Staff can also teach the importance and healthfulness of drinking water and non-fat/low-fat milk as primary beverages."[10]

It is important to point out that the day care beverage nutrition standards called for by Senate Bill 48 not only could reduce the amount of sugar ingested by thousands of

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[6] "Prevalence of Childhood and Adult Obesity in the United States, 2011-2012", Ogden, et al, Journal of the American Medical Association, February 26, 2014, pg. 806

[7] Ibid, pg. 810, Table 3

[8] Ibid, pg. 813, Table 6

[9] Centers for Disease Control and Prevention, "Children's Food Environment State Indicator Report, 2011", pg. 1

[10] Ibid, pgs. 2-3

children throughout Connecticut each day -- they also could play a critical role in helping to establish healthy tastes and habits that could stick with these children well beyond their early youth. As stated by the University of Connecticut researchers in their excellent report cited earlier, "[d]uring this pivotal point in life for setting a path towards healthy behaviors and away from obesity, children spend a substantial amount of time in center based care. The caregivers in these settings are positioned to play a role, whether they intend to or not, in the development of food habits and physical activity routines."[11]

While Senate Bill 48 by itself will not eliminate the conditions of overweight and obesity amongst Connecticut children aged 5 and younger, it is a common sense and easily achievable reform that we should enact this legislative session. I look forward to working with the chairs and members of this committee on this bill that could prove so beneficial to the health of our young children. Thank you.

[11] "Child Weight Surveillance in Preschool in Hartford, Connecticut", supra, pg.2