



State of Connecticut  
GENERAL ASSEMBLY



Commission on Children

Testimony before the Committee on Children  
Submitted by Mary Kate Lowndes, Director of Special Initiatives & Development  
Connecticut Commission on Children  
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Senator Bartolomeo, Representative Urban and members of the Committee on Children:

My name is Mary Kate Lowndes. I am the Director of Special Initiatives and Development for the Connecticut Commission on Children and core member of the CT Coalition Against Childhood Obesity. I am here today to support **SB 48**, *An Act Concerning Nutrition Standards for Child Care Settings*.

Both the Commission and the Coalition support promoting healthy food and beverages in all early childhood settings, including center-based, family child care homes, and family, friend and neighbor.

The Coalition Against Childhood Obesity hosted a forum in November 2012. Topics discussed included how children develop taste preferences, and how helpful it would be in the fight against childhood obesity if we did not engender a craving for sugar at an early age. One direct way to reach this goal is to institute nutrition guidelines for childcare settings and early education programs.

The New York City Department of Health and Mental Hygiene, through the NYC Health Code, has beverage provisions that are mirrored in SB 48.

The Connecticut Department of Public Health Statutes and Regulations for licensing Child 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 an ideal place to include the beverage guidelines in SB 48.

Concern has been noted about the overlap between this language and the federal Child and Adult Care Food Program (CACFP) guidelines as programs that do not meet those standards are not allowed to participate in this very important food program. Programs enrolled in CACFP must meet USDA meal guidelines in order to claim reimbursement. The beverage types and amounts described in SB 48 do not conflict with CACFP.

An article in the *New York Times* earlier this week states that, “Children who are overweight or obese at 3 to 5 years old are five times as likely to be overweight or obese as adults”<sup>1</sup>. Studies

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<sup>1</sup> Obesity Rate for Young Children Plummets 43% in a Decade, *New York Times*, by Sabrina Tavernise. February 25, 2014.

continue to abound on how obesity leads to dramatic increases in incidence of cancer, diabetes, heart disease and stroke, low self-esteem and depression, to name a few.

The good news noted in the same *New York Times* articles, is that the recent focus on childhood obesity is leading to positive outcomes. Federal health authorities earlier this week reported a 43% drop in the obesity rate among 2- to 5-year-old children over the past decade, the first broad decline in this epidemic.<sup>2</sup> About 8% of 2- to 5-year-olds were obese in 2012, down from 14% in 2004.<sup>3</sup> SB48, if passed, could be a contributing intervention to continue this trend in the right direction for young children and their health.

“A smattering of states have reported modest progress in reducing childhood obesity in recent years, and last year the federal authorities noted a slight decline in the obesity rate among low-income children. But the figures on Tuesday showed a sharp fall in obesity rates among all 2-to 5-year-olds, offering the first clear evidence that America’s youngest children have turned a corner in the obesity epidemic. About 8 percent of 2- to 5-year-olds were obese in 2012, down from 14 percent in 2004.

“This is the first time we’ve seen any indication of any significant decrease in any group,” said Cynthia L. Ogden, a researcher for the [Centers for Disease Control and Prevention](#), and the lead author of [the report](#), which will be published in JAMA, The Journal of the American Medical Association, on Wednesday. “It was exciting.”

She cautioned that these very young children make up a tiny fraction of the American population and that the figures for the broader society had remained flat, and had even increased for women over 60. A third of adults and 17 percent of youths are obese, the federal survey found. Still, the lower obesity rates in the very young bode well for the future, researchers said.”<sup>4</sup>

The story behind the curve is not crystal clear, but experts credit several efforts, including:

- children now consume [fewer calories from sugary beverages](#) than they did in 1999;
- more women are [breast-feeding](#), which can lead to a healthier range of weight gain for young children;
- Barry M. Popkin, a researcher at the University of North Carolina at Chapel Hill who has tracked American food purchases in a large data project, said families with children had been buying lower-calorie foods over the past decade, a pattern he said was unrelated to the economic downturn;
- He credited those habits, and changes in the federally funded Special Supplemental Nutrition Program for Women, Infants and Children, for the decline in obesity among young children. The program, which subsidizes food for low-income women, reduced funding for fruit juices, cheese and eggs and increased it for whole fruits and vegetables;

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<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

- Another possible explanation is that some combination of state, local and federal policies aimed at reducing obesity is starting to make a difference, including the ban on trans fats in NY City restaurants and the requirement that they publish calories on their menus;
- And perhaps it is a combination of several or all of the above items.

The *Times* article goes on to note that the obesity rate for preschoolers — 2- to 5-year-olds — has fluctuated over the years, but Dr. Ogden said the pattern became clear with a decade’s worth of data. About one in 12 children in this age group was obese in 2012. Rates for blacks (one in nine) and Hispanics (one in six) were much higher.

“This is great news, but I’m cautious,” said Ruth Loos, a professor of [preventive medicine](#) at the Icahn School of Medicine at Mount Sinai hospital in New York. “The picture will be clearer when we have a few more years of data.” Still, she added that the 2- to 5-year-olds “might be riding a new wave,” in which changes in habits and environment over many years are finally sinking in. She noted that people who are now 60 years old caught the beginning of what she called the obesity wave that carried the next generation with it.

“Once the obesity epidemic emerged in the 1980s, it took us a while to realize that something bad was happening,” Dr. Loos said. “We’ve been trying to educate parents and families about healthy lifestyles, and maybe it’s finally having an effect.”

Tom Baranowski, a professor of pediatrics at Baylor College of Medicine, said there was not enough data to determine whether the decline would spread to older children. Since 2003, the rate for youths over all — ages 2 to 19 — has remained flat, said Dr. Ogden, author of the C.D.C. report.

But 2- to 5-year-olds are perhaps the most significant age group, as it is in those years that obesity — and all the disease risk that comes with it — becomes established, and it is later very difficult to shake, said Dr. Jeffrey P. Koplan, a professor of medicine and public health at Emory University in Atlanta.

“You have to say maybe some real progress is taking place at the very time it can have the most impact,” Dr. Koplan said. He said he believed the decline was real, as the finding followed several studies that detected patterns of decline among young children, including one by researchers in Massachusetts and the large study by the C.D.C. of low-income children.

The Commission on Children also supports HB 5113, *An Act Concerning Youth Athletics and Concussions*. Concussions traumatize the brain and ongoing research shows more and more that those effects can be long-lasting. Athletics are without a doubt opportunities for children and youth to exercise, work together with team mates, and belong to a group of peers, but we owe it to them to ensure these opportunities are as safe as possible. We would recommend that the required concussion and other brain injury education plan be provided to the student and the student’s parent or guardian for little or nominal cost.

The Commission on Children also supports SB 229, *An Act Concerning Sudden Cardiac Arrest Prevention*. “Death from sudden cardiac arrest is not age-, gender- or health-specific. Every year, approximately 7,000 U.S. children are stricken, most often at school, because that’s where kids

spend the majority of their day—in class or in after-school care or playing sports.”<sup>5</sup> “Without immediate intervention, only 5 to 10 percent will survive. But with the right intervention, survival rates can reach an astonishing 70 percent.”<sup>6</sup> The Commission recommends that this program also be provided at little or nominal cost to the student and the student’s parent or guardian, and that the program include information on the potentially lifesaving role of automated electronic defibrillators (or AEDs) in sudden cardiac arrest emergencies.

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<sup>5</sup> The Sudden Cardiac Arrest Foundation quoting Maureen O’Connor, of San Diego’s Project Heart Beat.  
<http://www.sca-aware.org/schools/building-a-heart-safe-school>

<sup>6</sup> Ibid.