



**Children's Committee**  
**Public Hearing – March 3, 2016**  
**House Bill 5303 AAC Childhood Obesity**  
**Jim Williams, Government Relations Director**  
**American Heart Association**

I would like to thank Senator Slossberg and Representative Fleischman, and the Committee for providing me with the opportunity to comment on House Bill 5303, An Act Concerning Childhood Obesity, on behalf of the American Heart Association.

The American Heart/Stroke Association (AHA) is the largest voluntary health organization in the world who is working to build healthier lives, free of cardiovascular disease (CVD) and stroke. The AHA supports this legislation because we believe that it will ultimately help to build healthier lives for Connecticut children.

Connecticut is facing an obesity crisis that impacts citizens of all ages. Our states youth, in particular, are being negatively impacted by the obesity crisis. In the 2013 Youth Risk Behavior Survey (YRBS) showed that 13.9% of students were classified as overweight (defined as a body mass index (BMI) at or above the 85<sup>th</sup> percentile up to the 95<sup>th</sup> percentile<sup>1</sup>) and 12.3% were classified as obese (defined as a BMI at or above the 95<sup>th</sup> percentile<sup>2</sup>).<sup>3</sup> There also exists a large disparity, in terms of obesity rates, between white students and Black and Hispanic/Latino students. 18.1% of Black students and 18.9% of Hispanic/Latino students were categorized as obese compared to 9.8% of white students in the YRBS.<sup>4</sup>

Section 1 of this bills will prohibit children in various care settings from being provided beverages with added sweeteners. Sugar-sweetened beverages are staples of today's American diet.<sup>5</sup> These beverages are inexpensive, abundant, high in calories, deliver little to no nutrition, and appeal to our tastes for sweetness. These facts coupled with emerging data suggesting that high intake of added sugars can exacerbate existing health problems and contribute to essential nutrient shortfalls makes for a troubling health scenario for our state.<sup>6</sup> More than for any category of food, scientific studies have shown that consumption of sugar-sweetened beverages contributes to poor diet, and risk for obesity, diabetes and a number of other serious health problems.

On average Americans consume 22 teaspoons – or 352 calories – of added sugars a day, the equivalent of about 2, 12 ounce soft drinks. Teens (ages 12-17 years) and children (age 6-11 years) average 17% of their total calorie intake per day from added sugars. SSBs are the largest

source of added sugars in American's diets.<sup>7</sup> Children take in 10-15% of their total daily calories from SSBs.<sup>8</sup> Several scientific studies have shown that soft drinks are directly related to weight gain.<sup>9</sup> Weight gain is a prime risk factor for type 2 diabetes, heart attacks, strokes, and cancer. Frequent consumption of soft drinks is also linked to osteoporosis, tooth decay, and dental erosion.<sup>10</sup>

We would like to make one recommendation to section one of this bill and that would be to require child care programs follow the Connecticut Child Care Nutrition Standards (CCCNS) for all foods and beverages on site, including the US Department of Agriculture's Child and Adult Care Food Program's (CACFP) nutrition standards. These standards provide the healthiest choices in child care by promoting whole or minimally processed, nutrient-rich foods that are low in fat, added sugars and sodium. The standards reflect current nutrition science and national health recommendations from the Dietary Guidelines for Americans and national organizations, such as the National Academy of Sciences Institute of Medicine, American Academy of Pediatrics, American Dietetic Association and the American Heart Association.

Section 2 of this bill discusses kid's "screen time" on computers, portable electronic devices, as well as television viewing. Studies have shown that excessive media use can lead to attention problems, school difficulties, sleep and eating disorders, and obesity.<sup>11</sup> Recognizing these studies we would like to make the following recommendations for this section and that they be applied to child care centers, group child care homes, family child care homes and early childhood centers: for children over the age of two who are in half-day programs that screen-time be limited to 30 minutes per day; for children over the age of two who are in full-day programs that screen time to be limited to one hour per day.

Section 3 of the bill requires on and after April 1, 2017 that guidelines addressing the physical health needs of students shall include strategies for engaging students enrolled in after-school programs in a minimum of twenty-consecutive minutes of physical activity each day. Physical inactivity is a major risk factor for developing coronary artery disease<sup>12</sup>. It also increases the risk of stroke and such other major cardiovascular risk factors as obesity, high blood pressure, low HDL ("good") cholesterol and diabetes.<sup>13</sup> Just like in adults, increased physical activity has been associated with an increased life expectancy and decreased risk of cardiovascular disease. Physical activity produces overall physical, psychological and social benefits. Inactive children are likely to become inactive adults<sup>14</sup>.

The American Heart Association respectfully makes the following recommendations in order to strengthen section 3 which should apply to child care centers, group child care homes, family child care homes and childhood centers; children ages two and older should participate in at least 60 minutes of moderate-intensity physical activities every day that are enjoyable and developmentally appropriate and varied;<sup>15</sup> provide daily opportunities for all age-groups to have indoor and outdoor play, weather permitting; engage infants on the ground each day in order to optimize adult-infant interactions as recommended by the American Academy of Pediatrics.<sup>16</sup> For children less than 6 months of age in a family child care home daily "tummy time" or time in the prone position is recommended.

By supporting this bill with the recommended changes the State can take active steps in combating the childhood obesity epidemic by prohibiting beverages with added sweeteners in various child care settings and by requiring physical activity in after-school programs. We respectfully feel that this bill is worthy of the Committee's support.

Sincerely,

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<sup>1</sup> Pediatrics Vol. 120 No. Supplement 4 December 1, 2007 pp S164-S19,  
<http://musckids.org/heart/health/physician%20resources/aap%20summary.pdf>

<sup>2</sup> Pediatrics Vol. 120 No. Supplement 4 December 1, 2007 pp S164-S19,  
<http://musckids.org/heart/health/physician%20resources/aap%20summary.pdf>

<sup>3</sup> CT Department of Public Health (2014). 2013 Youth Risk Behavior Survey Results CT High School Survey Summary Tables. Retrieved from: [http://dph/lib/dph/hisr/pdf/yrbs2013ct\\_summary\\_tables.pdf](http://dph/lib/dph/hisr/pdf/yrbs2013ct_summary_tables.pdf)

<sup>4</sup> CT Department of Public Health (2014). 2013 Youth Risk Behavior Survey Results CT High School Survey Summary Tables. Retrieved from: [http://dph/lib/dph/hisr/pdf/yrbs2013ct\\_summary\\_tables.pdf](http://dph/lib/dph/hisr/pdf/yrbs2013ct_summary_tables.pdf)

<sup>5</sup> Reedy J, Krebs-Smith SM. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the U.S. J AM Diet Assoc. 2010;110(10):1477-1484 <http://www.nccor.org/downloads/jada2010.pdf>

<sup>6</sup> Kosova EC, Auinger P, Bremer AA. The relationship between sugar-sweetened beverage intake and cardiometabolic markers in young children. J Acad Nutr Diet. 2013; 113(2), 219-227 <http://sugarnutrition.org.uk/Sugar-Sweetened-Beverage-Intake-Cardiometabolic-Markers-Young-Children.aspx>

<sup>7</sup> U.S. Department of Agriculture, U.S. Department of Health and Human Services. (2010). Dietary Guidelines for Americans, 2010. Retrieved from <http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf> on 2/25/2016.

<sup>8</sup> Wang YC, et al. Increasing Caloric Contributions from Sugar-Sweetened Beverages and 100% Fruit Juices Among US Children and Adolescents, 1988-2004. Pediatrics. 2008; 121:e1604-e1614

<sup>9</sup> Vartanian LF, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. Am J Public Health 2007 Apr;97(4):667-75

<sup>10</sup> Jacobson MJ. Liquid Candy- How Soft Drinks are Harming Americans' Health. Washington, DC: Center for Science in the Public Interest, June 2005. [http://cspinet.org/new/pdf/liquid\\_candy\\_final\\_w\\_new](http://cspinet.org/new/pdf/liquid_candy_final_w_new)

<sup>11</sup> American Academy of Pediatrics "Media and Children." Accessed at <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/Media-and-Children.aspx> on February 23, 2016.

<sup>12</sup> Powell KE, Thompson PD, Caspersen CJ, Kendrick JS. Physical activity and the incidence of coronary heart disease. *Annu Rev Public Health*. 1987;8:253-287. Accessed at <http://www.ncbi.nlm.nih.gov/pubmed/1957766> on February 23, 2016.

<sup>13</sup> American Heart Association "Obesity Information." Last updated 2/2014. Accessed at [http://www.heart.org/HEARTORG/HealthyLiving/WeightManagement/Obesity/Obesity-Information\\_UCM\\_307908\\_Article.jsp#.Vsx-GkOUXDc](http://www.heart.org/HEARTORG/HealthyLiving/WeightManagement/Obesity/Obesity-Information_UCM_307908_Article.jsp#.Vsx-GkOUXDc) on February 23, 2016.

<sup>14</sup> American Heart Association “Physical-Activity-and Children.” Last updated 3/22/2013. Accessed at [http://www.heart.org/HEARTORG/HealthyLiving/Physical-Activity-and-Children\\_UCM\\_304053\\_Article.jsp#.VsyEb00UXDc](http://www.heart.org/HEARTORG/HealthyLiving/Physical-Activity-and-Children_UCM_304053_Article.jsp#.VsyEb00UXDc) on February 23, 2016.

<sup>15</sup> American Heart Association “Physical-Activity-and-Children.” *Recommendations for Physical Activity in Kids*. Last updated 3/22/2013. Accessed at [http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children\\_UCM\\_304053\\_Article.jsp#.Vsx8700UXDd](http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children_UCM_304053_Article.jsp#.Vsx8700UXDd) on February 23, 2016.

<sup>16</sup>American Academy of Pediatrics “A Minute For Kids- Tummy Time.” Accessed at <https://www.aap.org/en-us/about-the-aap/aap-press-room/aap-press-room-media-center/Pages/Tummy-Time.aspx> on February 23, 2016.