

## TASK FORCE ON CHILDHOOD OBESITY

### Report and Recommendations – October 1, 2014

#### TASK FORCE MEMBERSHIP

##### Qualifications

##### Appointee

Senate Chairperson, Committee on Children

Sen. Dante Bartolomeo

House Chairperson, Committee on Children

Rep. Diana Urban

Senate Vice-Chair, Committee on Children

Sen. Bob Duff

House Vice-Chair, Committee on Children

Rep. Kim Fawcett

Senate Ranking Member, Committee on Children

Sen. Art Linares

House Ranking Member, Committee on Children

Rep. Whit Betts

Commissioner of Dept. of Children & Families, or designee

Dr. Fredericka Wolman

Commissioner of Dept. of Social Services, or designee

Sylvia Gafford-Alexander

Commissioner of State Department of Education, or designee

Dr. Jean Mee

Commissioner of Dept. of Public Health, or designee

Christine Parker

President Pro Tempore of Senate, or designee

Roberta R. Friedman

Speaker of the House of Representatives, or designee

Judith Omphroy

Senate Majority Leader, or designee

Dr. Robin Masheb

House Majority Leader, or designee

Alecia Andrews

Senate Minority Leader, or designee

Brittany Lee Silvestrini

House Minority Leader, or designee

Rep. Christie Carpino

A dietician-nutritionist licensed under chapter 384b of the general statutes with a background in food service, appointed by Commissioner of Public Health

Marcia Maillard

An advocate for children's health matters, appointed by the co-chairs of the Committee on Children

Susan Maffee

An academic, civic or cultural leader specializing in Children's health matters, appointed by co-chairs of the Committee on Children

Lucy Nolan

## Overview

The following report represents the product of the Task Force on Childhood Obesity after eleven months of work beginning with the first meeting on October 10, 2013 and the final meeting on September 18, 2014.

The task force was established pursuant to Public Act 13-173, An Act Concerning Childhood Obesity and Physical Exercise in Schools, with the following charge:

- (1) Gather and maintain current information regarding childhood obesity that can be used to better understand the impact of obesity on children's health;
- (2) Examine the nutrition standards for all food procured by the state;
- (3) Explore ways to increase physical activity in children;
- (4) Recommend the implementation of a pilot program through one local or regional board of education to schedule recess before lunch in elementary school;
- (5) Advise the General Assembly and Governor concerning the coordination and administration of state programs that may reduce the incidents of childhood obesity.

With that mission in mind, the task force divided into two focus groups – Nutrition and Physical Activity. Along with meetings in their subgroups, each focus group made presentations to the entire membership and submitted their findings and recommendations to the task force for consideration in the final report. The Nutrition and Physical Activity focus groups' findings and recommendations can be found in their entirety in the Appendix of this report.

PA 13-173 states that the task force shall submit a report to the joint standing committee of the General Assembly having cognizance of matters relating to Children, in accordance with the provisions of section 11-4a of the general statutes, detailing the task force findings not later than October 1, 2014.

All materials (including agendas, handouts, and PowerPoints) can be found on the task force's website: [www.cga.ct.gov/kid/Obesity](http://www.cga.ct.gov/kid/Obesity)

## **Task Force on Childhood Obesity**

### **Findings and Recommendations – October 1, 2014**

#### **Findings and Recommendations**

The recommendations and findings section of this report has been designed with the task force's statutory charge of advising the General Assembly and the Governor in mind. Although the full recommendations of both the Nutrition and Physical Activity focus groups were discussed by the entire task force (and are attached to this report in their entirety), this section of the report will highlight only those recommendations which presented themselves as areas of common ground for the full task force.

1. Refine the Language and Intent of Existing Statutes

The most intuitive and easily executed recommendation to come out of the extensive discussions of this task force is that, where applicable, the existing Connecticut statutes related to childhood Nutrition and Physical Activity be refined so that they more accurately address the current childhood obesity health crisis. For example, current statutes related to children's physical activity in school provide for twenty minutes worth of physical activity for elementary school students. However, physical activity and elementary school are both undefined in the statute which lends this law to a variety of inconsistent interpretations.

2. Expand Opportunities for Physical Activity in After-School Programs

Over the course of their study of the varied aspects of the childhood obesity issue, the task force observed an increasing focus on learning time that is not confined to the school day proper. Among other components, afterschool programs that focus on study time and homework help often further decrease the time that children may otherwise be engaged in physical activity. Therefore, the task force recommends more in-depth consideration of the benefits (and possible obstacles) to promoting the expansion of physical activity as a component of state funded after-school programs.

3. Create a State-wide (Volunteer) Physical Activity Commission

As the need for continued discussions and monitoring of the issue of childhood obesity in Connecticut became apparent (and considering the limited lifespan of this task force), the task force recommends a state-wide, volunteer only, Commission on Physical Activity to maintain centralized information, continue the research of this task force and monitor changes to the childhood obesity crisis going forward.

4. Restrict the Marketing of Unhealthy Foods to Children

It is the opinion of the task force that corporations should not be allowed to prey on the impressionability of children. Both public schools and hospitals receiving state funds have been identified as potential venues within which the fight against child-targeted marketing may make positive inroads. This task force did not reach a consensus regarding how exactly to restrict the marketing or which brands and types of foods to restrict. However, the belief that children's health should not be sacrificed in exchange for marketing opportunities was held by all.

5. Use State Purchasing Power to Affect Healthy Food Access

The State of Connecticut spends large quantities of money on food. From the children living in facilities maintained by the Department of Children and Families to schools, hospitals, office buildings, to the adults being housed in Department of Corrections facilities meals and other food options for all of these facilities and the people in them are purchased by the State. Having that level of purchasing power gives the State influence over the market. If the State strives to direct the bulk of its purchasing power towards the procurement of healthy foods, this will drive down the price point of these foods in the larger market and make them more accessible to all residents.

6. Institute the Surveillance of Body Mass Index (BMI) in Schools

Although a historically controversial issue, BMI surveillance is a critical recommendation to come out of this task force. The Committee on Children has a long record of promoting data-informed policy changes and the surveillance of BMI data is crucial to assessing the success of any of the above recommendations. It has been agreed by the task force that this data should be reported in aggregate by school or by district and surveillance shall not pertain to individual BMI records. Tracking the BMI data of any given individual provides no information of value when considering the effectiveness of programs and policies on a state-wide level. However, due to the inevitable individualization of methods to address childhood obesity from one school or district to another, state level obesity estimates do not provide information detailed enough for an accurate determination of which efforts yield the best outcomes.

Addressing the issue of childhood obesity in Connecticut is a monumental task and will surely not be accomplished through a single yearlong task force. Collaborative efforts by state agencies and private organizations must continue in order for the recommendations of this task force to be realized. Therefore, in addition to considering their role in implementing the reported recommendations, state agencies are encouraged to contact the Committee on Children with efforts they feel would allow them to contribute most to the larger effort of decreasing instances

of childhood obesity and improving the overall health outcome for the children of the State of Connecticut.\*

\*An excellent example is a report the Committee on Children recently received titled, *Preventing Childhood Obesity: Maternal-Child Life Course Approach*, by Rafael Perez-Escamilla, Ph.D., Yale School of Public Health; and Judith Meyers, Ph.D., Child Health and Development Institute of Connecticut. This cross-pollination of information is vital in working toward our mutual goal of healthier children.

## **APPENDIX**

**A. NUTRITION FOCUS GROUP FINDINGS AND RECOMMENDATIONS**

**B. PHYSICAL ACTIVITY FOCUS GROUP FINDINGS AND  
RECOMMENDATIONS**

## **APPENDIX A**

### **NUTRITION FOCUS GROUP FINDINGS AND RECOMMENDATIONS**



## Nutrition Committee Suggestions

1. Set standards for all foods and beverages procured by the state - this will have an impact on the public (government-owned or operated) places where children congregate--e.g., zoos, parks etc.)
  - a. A set of nutrition standards that procured foods must meet
  - b. A percentage of fresh fruits and vegetables must be available whenever sold is sold.
  - c. Regulations on the types and amounts of foods and nutrients in government-provided meals, snacks, or beverages
  - d. Specification of who is responsible for developing the standards (if the policy does not detail the standards itself), procuring and providing the food (whether directly through government employees or through a contracting process), and enforcing the policy.
  - e. Minimum amount of sugar in beverages
  - f. Requirements to buy food from local providers
2. Prohibit marketing of junk food and beverages in schools and children's hospitals
  - a. No mascots coming to schools such as Ronald McDonald teaching physical exercise, or Boxtops for Education which encourage families to buy a company's goods. This is something that should be expanded to our public hospitals as well.
  - b. Sponsorship of programs and activities (sports teams, clubs, etc.)
  - c. Exclusive agreements (e.g. a school agrees to only sell Coke products)
  - d. Incentive programs (provide schools with supplies when families buy products)
  - e. Appropriation of space (e.g. naming a field or building after the corporation, or advertising the corporation on scoreboards, vending machines, etc.)
  - f. Sponsored educational materials (books, pencils, uniforms, etc.) for both students and teachers
  - g. Educational programs (such as McDonald's What's On Your Plate program, which teaches elementary school children the importance of physical activity and making smart food choices)
  - h. Electronic marketing (such as provision of televisions in exchange for allowing food-related commercials on Channel One)
  - i. Fundraising (such as General Mills' Box Tops for Education program)
3. Conduct statewide BMI surveillance
  - a. Design a way to create a system to measure height and weight of children, not individually but in a community or larger. This can be done as part of the blue sheet that all kids need in certain grades. SDE would retain the information. Currently there is not process to report or collect the height and weight of children even though it is recorded at regular intervals.

This is another idea that we thought might be good:

Curriculum for Nutrition Education and is mandatory in schools (maybe in elementary, middle and high as well)

**APPENDIX B**

**PHYSICAL ACTIVITY FOCUS GROUP FINDINGS AND  
RECOMMENDATIONS**

**Connecticut's State Plan to Reduce Childhood Obesity:  
Physical Activity Component**

**Mission: Reduce Obesity by Creating and Sustaining a Statewide Culture of Physically Active Learning, Working and Living**

***Physical Activity for Everyone Everywhere***

**Goal 1: Increase Physical Activity in Schools and Communities**

Implement free or low cost activities for children and families both in schools and in communities

Train school personnel to provide and embed physical activity opportunities for youth throughout the school day as well as before and after school

Inform communities about the benefits of physical activity and provide training in strategies to incorporate activity before/after school, at home, in the community

Involve parents in discussions about the impact of being overweight on the physical and emotional health of their children. Involve parents in creating solutions; share information with them about current initiatives that show promise of being effective. Ensure accessibility to information, programs, activities, support and resources.

***Establish a statewide physical activity commission*** responsible to organize and maintain a clearinghouse of information and activities to support physical activity throughout the state including (Goals 2-4):

***Goal 2: Connect People with Information***

- Web site
- Resources, including contacts for assistance and support
- Best practices
- Featured schools and communities / success stories

***Goal 3: Recognize Efforts, Initiative and Successes***

- Recognition program for physically active schools & physically active communities
- Criteria to be established based on evidence and best practice
- Selection committee for awarding grants, special projects and awards

DR. JEAN MEE, CSDE [jean.mee@ct.gov](mailto:jean.mee@ct.gov)



**Connecticut's State Plan to Reduce Childhood Obesity: Physical Activity Component**

**Mission: Reduce Obesity by Creating and Sustaining a Statewide Culture of Physically Active Learning, Working and Living**

***Physical Activity for Everyone Everywhere***

*Continued*

- Physically active community recognition award (e.g. "Heart Safe Community" signs -- example can be seen at <http://heartsafe-community.org/> )
- Annual ceremony to feature legislators' local physically active schools, communities and organizations

***Goal 3: Represent and Reach Out to Everyone Everywhere***

Partners and stakeholders to be represented on commission, representative of diverse socio-economic strata, genders, ethnicities, cultures. Composition of the Commission will include at least:

- United Way
- DOT – Safe Routes to School
- Commission on Children
- CIAC – Kidsmarathon
- State education agency (SDE)
- DEEP
- Recreation & Parks Association
- CT Coalition Against Childhood Obesity
- Youth, family and faith-based organizations

***Goal 4: Provide Opportunity***

Provide open grants for promoting physical activity in

- early childhood programs (i.e. private, charter, small, underfunded, faith-based)
- at-risk populations
- collaborative and capacity-building projects

