

Report of the Sustinet childhood and adult Obesity Task Force

Draft Outline: February 4, 2010

I. INTRODUCTION

The Child and Adulthood Obesity Task Force was created by P.A. 09-148, An Act Concerning the Establishment of The SUSTINET Plan. The Task Force is comprised of co-chairs Lucy Nolan (End Hunger, CT!, Hartford) and Marlene Schwartz, Ph.D. (Rudd Center for Food Policy and Obesity, New Haven) and four members: Christine Finck, M.D. (Connecticut Children's Medical Center, Hartford), Andrea Rynn (Danbury Hospital), Jennifer Turner (Girl Scouts of America, Hartford), and Neil Vitale, M.D. (Pediatric Associates of Connecticut, Southbury).

II. CHARGE TO THE TASK FORCE

Section 16 of Public Act 09-148 charges the Task Force to:

- A) Examine evidence-based strategies for preventing and reducing obesity in children and adults and develop a comprehensive plan that will effectuate a reduction in obesity among children and adults
- B) Develop recommendations in the context of overall Sustinet goals:
 - improve the health of state residents
 - improve the quality of health care and access to health care
 - slow the growth of per capita health care spending
 - promote effective management of chronic illness
 - promote effective preventive care
 - reduce racial and ethnic disparities as related to health care and health outcomes
- C) Submit a report containing its recommendations to the Sustinet board by July 1, 2010. F

The Task Force terminates on the date it submits its report or July 1, 2010, whichever is earlier.

III. METHOD

The Task Force first met on November 6, 2009 at which time a meeting schedule was adopted. Over the course of its schedule of meetings, the Task Force heard presentations from a wide variety of stakeholders. A complete list is in Appendix A.

IV. TASK FORCE RECOMMENDATIONS

Guiding principles:

1. State efforts must be tracked, coordinated, and evaluated by a central body that is supported by highest levels of state government
2. Food security, good nutrition, and adequate physical activity need to be examined in a cohesive manner across the state
3. Need to focus on prevention and treatment – both require support for health professionals
4. As a state, we to move beyond education and encouragement to policy changes that will make the healthy behavior the default behavior

Recommendations:

- (1) Permanent Council on Childhood and Adult Obesity – statutory authority
Broader membership to include government agency representatives as well as NGOs, academic and advocacy organizations

Subgroups:

1. Birth to five – breastfeeding, WIC, child care
 2. K – 12 focus - school policies, afterschool efforts, NSLP, NSBP
 3. Adult – workplace policies, SNAP, emergency food programs,
 4. Community – Complete streets, economic development linked to improving access to healthy food and activity opportunities
 5. Healthcare – focus on consistent care throughout the lifespan, referral system, insurance coverage for obesity related prevention and treatment
- (2) BMI surveillance at the school level – linked to:
 1. data on food security, nutrition, fitness (individual student)
 2. adequate nutritious food access, physical activity access (school level)
 3. policies that promote access to nutrition and physical activity (district / community level)
 - (3) Create an online tracking system (similar to the SDE's school profiles) to track these variables at the district and school level. Can be used to inform decisions about grant funding, services, strategic economic incentives
 - (4) Funding opportunities:
 - Federal dollars through USDA, CDC
 - Sugar sweetened beverage tax