

SustiNet Health Partnership

Childhood & Adult Obesity Task Force

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Childhood & Obesity Task Force Regular Meeting December 11, 2009 Meeting Minutes

Task Force Attendees: *Marlene Schwartz, Co-chair; Christine Finck; Thomas Brooks; Mario Garcia; Jennifer Smith-Turner; Andrea Rynn; Dawn Crayco*

Office of the State Comptroller: *David Krause*

Absent: *Lucy Nolan, Co-chair*

Marlene Schwartz opened the meeting by welcoming Task Force members. She said that she had reviewed the National Governors' Association report from 2009, and that it contained much helpful information regarding the issue of childhood obesity. The report looked at various areas where there could be state level interventions. There are four areas that are of interest to this Task Force: childcare, education, communities and healthcare. In the childcare domain, the Child and Adult Care Feeding Program (CACFP) is federally funded but is administered at the state level. In CT this program is administered by the Department of Education (DOE). The program provides a source of revenue for childcare centers, including Headstart and School Readiness centers. The funds are used for providing healthy meals and snacks. It follows nutrition regulations that are flexible, so other states and cities have taken steps to make their own specific requirements. Marlene felt that this could be done in CT, working with DOE and the Department of Public Health (DPH), who licenses childcare providers. Some states have issued requirements for childcare centers to provide opportunities for physical activity. This is another possibility that CT could look at, in addition to limiting the time children spend watching television, which is another way other states are trying to combat obesity. In the education domain, the National School Lunch Program is another program that is federally funded yet administered by the states. CT has done much already in this area, but efforts could be expanded. CT also participates in Farm to School

Members

Christine Finck • Jennifer Turner • Andrea Rynn • Neil Vitale

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programs. Another possibility is to purchase food cooperatives to allow schools to obtain fresh, healthy foods. Marketing contracts for schools can be looked at. There are also pouring contracts used in the schools, but in CT this isn't a concern because sugar laden drinks such as sodas can no longer be sold in the schools. Nutrition education in the schools provides guidance and recommendations, but perhaps this can be looked at to see how effective it is. Regarding physical activity, there are some communities that have located new schools in areas where students can easily walk to school. In CT there is a group called Safe Routes to School, whose work might prove to be helpful to this Task Force. Physical education is required in CT schools, but the requirements differ for the various school districts. The Governor's report also addressed fitness assessments. Marlene felt that we should be doing something like this in our schools, so that the state can track the level of fitness of the students. In the community domain of the report, it was noted that planning for future development should not simply revolve around car transportation, but that walking and biking should also be included. Grocery store access was addressed in the Governor's report. There are groups in Hartford and New Haven that are working on the availability of healthy foods in stores, and Marlene felt that this was something that the Task Force could look into. Additionally, there are initiatives to buy local food, eating healthier foods while supporting local agriculture and sustainable farming practices. There are other states that are already working on this; in NY state, school districts that serve locally grown food are reimbursed for their efforts. Marlene pointed out that CT has a large number of farmers' markets, and that there are maps available showing their locations, allowing a greater number of people access to them. Some of them are now accepting debit cards and WIC coupons. The farmers' market concept in CT seems to be growing and working well, but there may be room for improvement. Marlene also felt that there probably will be a federal initiative regarding calorie count and menu labeling, so she felt that this Task Force didn't need to address it. A soda tax is being considered in some states and municipalities, raising revenue while potentially changing the amount of soda consumption. Another point taken from the report is private-public partnerships, and the possibility that perhaps corporations such as insurance companies would be interested in forming partnerships at the state level and contributing funds to specific initiatives. The fourth domain from the Governors' report is healthcare settings. The report recommended collecting BMI for children in the schools, rather than in a healthcare setting, because that would reach more children. Electronic health records were mentioned as a tool for providers; also discussed was physician counseling for addressing childhood obesity. School based health centers are another place where the Task Force could intervene and promote good nutrition. Nurses' home visits also provide opportunities to emphasize healthy habits. All of these topics present possible areas for the Task Force to focus on.

The final section of the Governors' report describes setting a vision and building public awareness. Marlene felt that much work has already been done in CT as far as building public awareness of the problem of childhood obesity, so the role of the Task Force will be to keep building on what's already in place and keeping the vision consistent. The Task Force will look at various government agencies to see what is already in place. There was a state study done to examine children's health; this would be helpful to use for measuring any future efforts.

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Marlene spoke of some of the research being done at the Rudd Center. One project that was done examined CT school wellness policies. This was done in conjunction with DOE and involved three school districts who implemented what became the Healthy Food Certification Standards for a la carte and vending. The data from these three schools was compared with data from three schools that had not implemented the standards. Data was compiled on the revenue collected and on the eating behaviors of the children as a “before and after” comparison. By the time the school wellness policies were mandated in fall 2006, the Rudd Center had already collected the policies and coded them. This was done in order to determine if policies were going to be consistent across the school districts or if wealthier school districts were going to have stronger policies, thus increasing the disparities between school districts in CT. The Rudd Center wanted to determine if the school nutrition environment would be improved, and also to determine if companies had an adequate supply of healthy products if state nutrition standards were set, and what the financial impact would be on the food service industry. There was some concern that if unhealthy foods were taken out of the schools, children would compensate at home by eating and drinking more of those foods, and the study wanted to assess that. There was also concern that if unhealthy foods were removed, it could prove to be a trigger for eating disorders. In 2006 the Standards went into effect, and the Center assessed and coded all of the policies. Food service directors were also surveyed in 2005 and 2006, in order to gain knowledge of “before and after” the Standards were in place. This allowed the Center to look at exactly what was being sold in each district before and after the new regulations took effect, and to make recommendations. The Center used codes for each policy, which reflected how the school enforced those policies. As a result of this, report cards were sent out to the various districts, showing comparisons to other districts in the state. This was done in order to give schools constructive feedback so that they could see which policies needed to be strengthened. Marlene said that there was no increase in disparities; in fact the poorer schools ended up with the best policies. Areas with population densities had stronger policies. Districts with the highest percentage of reduced and free lunches had stronger policies. Politically, the districts with higher percentages of Democrats vs. Republicans had stronger policies. The state law went into effect in July 2006, and this went into effect during this study, so that looking at local policies was no longer important. As a result of this state law, the only beverages allowed to be served in the schools would be milk, juice and water. The Healthy Schools Certification was developed so that schools could sign up to participate. If they participated, they would qualify for an extra 10 cents for each lunch sold by agreeing to follow nutrition standards for their competitive foods. As a result of the Healthy Schools program, the Center was able to compare districts who participated with districts that didn't participate that were still operating with local standards. Marlene produced the data from the a la carte snack sales for the elementary schools. In 2006, both participating and non-participating schools were selling a large volume of unhealthy snacks. In 2007, data shows that local standards helped to improve the types of food sold, but that state standards brought further improvement. This study proved that local standards don't seem to be as effective as the state initiatives. Additionally, the food industry appears to be willing to reformulate its products to comply with state standards. There also doesn't appear to be evidence

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of a negative financial impact associated with these changes. The study found that children don't go home and overcompensate for the lack of soda or junk food at school; consumption of these things didn't increase. There was also no indication of an increase in eating disorders among these children.

Marlene discussed another study, a CACFP study among preschoolers. DOE worked closely with the Rudd Center in conducting this study, which was done to determine how well the state feeding guidelines were being implemented in preschools. Directors of preschool centers with thirteen or more children were surveyed. Approximately 200 surveys were returned out of a potential 221 centers. Menus were collected from about 80% of the centers. Lunchtime visits were made to 40 centers that were chosen randomly. CT is a national leader in offering only white milk, with 97% of them only serving low fat milk, whereas other states offer chocolate milk in preschools. CACFP permits whole milk and chocolate milk, yet Marlene said that she feels that CT should keep the high standards already in place regarding milk. It is valuable to begin this practice at the preschool level in order to establish healthy habits. The children were getting 35% of their recommended vitamin D and 32% of their calcium needs just at lunch. Overall, the majority of children were getting over 2/3 of their daily recommended protein at lunch. It is great that they are getting so much of their protein at school; however it seems to be displacing some of their other nutrient requirements, and they are getting too much saturated fat. 70% of them were over the 10% limit of how much saturated fat they should be getting. The average preschooler was getting less than 3 grams of fiber; the recommendation for this age is 20 grams. The main serving of the meals consisted of hamburger or chicken, for example, with very few of the fruits and vegetables that were offered. The vast majority of the meat portion of the meal was high fat and breaded. On any given day, 40% of the meals were high fat and breaded meats with cheese being the next most commonly served protein. 20% of the meals were poultry and fish, and very few low fat and higher fiber options, such as legumes, beans, eggs, soy products etc. being served. There may be work that this Task Force can do at the state level to try to shift this mix of what's being offered at preschools. In New York State, there are weekly limits as to how often high fat and breaded foods can be served in the preschools. The Task Force recommendations would be to limit the high fat options and to promote lower fat, high fiber protein sources, limiting milk and offering low fat cheeses. The CACFP requires that two servings of vegetables/fruits be offered, considering vegetables and fruits as the same thing. The study was able to compare meals containing a vegetable and a fruit vs. meals containing two servings of fruit or vegetables. It was found that when children were offered both a vegetable and a fruit, they eat significantly more produce and they get more fiber. Fruits and vegetables should be considered as separate food categories, and it's important to promote both of them.

One area where child care directors could use training is in identifying 100% whole grain products. The directors said that they were serving whole grain bread, yet when the bread labels were examined, they were not 100% whole grain. The Task Force can compare brands and make recommendations, as packaging can be deceiving. Whole grains can also be incorporated in crackers, rice, pasta and

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cereals. There is juice served at snack time; if this were replaced with fresh fruits the fiber would be increased.

There is a study currently being conducted regarding the WIC food package, which has just changed. Interviews were done with vendors in New Haven who participate in WIC. Inventories were done to see what was being offered in the stores. There are reasons to be positive about the attitudes of the vendors of the small stores about the changes in WIC. They were interested in offering healthy food choices; they felt it was their responsibility to do so, and they were glad that their stores were influential in customers' diets. 86% felt that the new package would improve customers' diets. 80% said that they planned to continue in WIC, but 26% of them were concerned about losing profits. When asked if there were other concerns they had, they said that usually when they offer new foods, it is because customers had requested them. They were concerned that customers had not asked for new, healthy foods. They also worried about finding suppliers for new products, and in the correct sizes, as WIC guidelines are quite specific. 11% said that they were concerned that they didn't have enough refrigeration and a small percentage said that they didn't have enough shelf space. This Task Force might want to help these small store owners in identifying vendors and help to coordinate delivery. Items like potato chips and sodas are delivered to the stores, whereas fresh fruits and vegetables require the store owners to go to larger stores or suppliers and pick them up themselves. It also would be helpful to try to facilitate communication between customers and the small store owners, and to assist with the marketing of healthy products.

The next speaker was Thomas Brooks who spoke of his work with the CT Commission on Children and the CT Childhood Obesity Council. He said that he has spent twenty years working on child health policy and related issues. The Commission has saved money and lives through their award-winning work with DPH in child immunization outreach. Their report The Children's Stock Portfolio shows that for every dollar invested in measles vaccinations, CT saves \$16.34. CT was honored last year by the CDC for ranking among the top five states in the nation for on time childhood immunizations. The Commission began to take an active role in childhood obesity in late 2004. Commission members had seen the movie "Supersize Me," in which Morgan Spurlock, the creator of the movie, ate solely at McDonald's restaurants for 30 days and chronicled the effects on his body. The Commission felt that Morgan would connect well with young people, and he did, at a packed forum in February 2005, where the Commission emphasized policy options. It was learned that obesity cuts across almost every issue. It isn't just about nutrition or physical activity, but it's about parenting education, sidewalk width, zoning decisions, neighborhood violence and playground safety, both of which impact children's ability to exercise, No Child Left Behind school policies that impact children's physical education time, food advertising, etc. The Commission works to reduce the prevalence of childhood obesity. Over the past four years, the Commission has held several major policy forums on this issue, designed and led a series of regional forums for municipal leaders, wrote and distributed outreach materials to encourage families to become more physically active, conducted a radio public service announcement campaign, and played a supporting role behind End

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Hunger CT in the bill banning soda in the schools and creating incentives for healthy school food standards. The Commission also provided technical assistance to municipal leaders in this area. The Commission was invited by DPH to partner in creating the Childhood Obesity Council in late 2006. The Council consists of ten state agencies and representatives of the legislative branch. Tom said he wanted to commend DPH and in particular Renee Coleman-Mitchell for having the vision to see the need for a state level coordinating council. He said that he felt that this vision has not yet been adopted at the highest levels of the executive branch. He also said that he had seen little evidence that those officials care about this issue and want to move ahead on it in a comprehensive manner, as has been done by state leaders in many other states. Clearly this vision was much further developed at the mid-level of the executive branch than it was at the higher level, which has been a major issue for the Council. To address such a major issue of people's health, top level leadership and resources are needed, and the Council had neither of these things. DPH invited the Commission to co-chair the Council, and proposed that the Council consist of legislative branch agencies and legislators. The Council includes a broad range of executive branch agencies. All partners are needed to participate, as childhood obesity cuts across all departments. From DCF's foster children, to the Department of Agriculture's Farm to School program, all relevant departments need to be part of this. Tom's hope is that all the departments will use the Childhood Obesity Council's findings to craft a statewide plan. Unfortunately, the Council did not include any non-governmental members, but there was agreement this year that outside members should be included. The Commission is now seeking executive branch support to re-ignite the Council's work. In its two active years, the Council has shared departmental priorities and initiatives, held regional forums and discussions, sought interagency funding transfers to support greater access to programs such as No Child Left Inside, gathered public input and policy ideas, reviewed legislation and engaged in dialogue with local coalitions.

Tom said that he wanted to focus on four important achievements of to the Council from the last two years. First, an action team that addressed data surveillance and reporting that led to new legislation. This team included state and local governments, schools, health departments and pediatricians. This team produced a data proposal for chronic disease that led to CT legislation focused on statewide data analysis of children's overweight, diabetes and cardiovascular issues. This legislation was introduced in 2007, and then was revised and re-introduced in 2008. It followed the approach of the asthma data collection already in law. This bill would help meet the need for child health data by using existing health data systems in schools and in the state to improve CT's data profile on children's health. Under this bill, the electronic data collection capabilities of public schools would be enhanced to transmit student health data to a centralized system for statewide analysis, while keeping individualized student records anonymous. By compiling aggregate data on diabetes, cardiovascular health, overweight, and tobacco use from school health records, this reporting would reveal the magnitude of the childhood obesity epidemic in CT, as well as enable monitoring of several key health trends over time. It wouldn't be a report card, and wouldn't lead to the release of any data on BMI or health status of individual students, parents or anyone else; rather, the data would be used to build a statewide student health profile of data for future policy and

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program planning. This data system would enable state education and health agencies to strategically address obesity prevention and control interventions in areas of the state with higher prevalence rates. In responding to the question of who had endorsed this bill, either the 2007 or 2008 bill had been endorsed by the American Academy of Pediatrics, the American Heart Association, CT After School Network, CT Association of Directors of Health, End Hunger CT!, Commission On Children, and other organizations. Tom said that he hoped that this bill or another one like it would be introduced and passed. Tom said that he wanted to discuss another lesson learned. He said that this Task Force needs data, evaluation and Results Based Accountability (RBA). Data helps determine where the need is greatest, and is crucial for getting legislative support. Evaluation helps determine whether the intervention made sense, and RBA is the framework that helps plan the overall goals and execution. Making investments in policy change is far more valuable if the results can be measured. Tom said that he has proposed bringing in RBA advisors for the Council, and he said he felt it was essential for anything CT does to address this issue.

The second achievement that Tom discussed was funding for childhood obesity project grants. Through an advocacy effort by the Commission on Children and the American Heart Association, and through the legislative leadership of Senator Harp and others, \$500,000 was approved for FY 08 grants for childhood obesity projects. Through the lens of the Obesity Council, DPH decided to focus on environmental and policy change projects. DPH should be commended for focusing on environmental issues, such as farmers' markets, when so much attention at the capitol was being placed on the schools. Unfortunately, this was one time funding.

The third achievement Tom brought up was the conference led by the CT Childhood Obesity Council in November 2008 entitled "Preventing Childhood Obesity: Healthy Imperative for CT's Next Generation." All of the Council's member agencies played a planning role in the event. The conference featured Kelly Brownell of Yale, Senator Chris Dodd, national leaders and local community experts and activists. The twenty-three speakers yielded 116 obesity prevention recommendations, including increasing the vegetable and fruit produce at urban markets, reversing "food deserts," expanding the use of walking and bike trails, developing early and after school exercise programs, increasing adult education cooking classes, expanding the use of food stamp incentives for fruits and vegetables, increasing academic research on child obesity, and much more. The secondary speakers focused on three areas that are real policy winners: menu labeling, No Child Left Inside, and Shape Up Somerville. In each case, a leader demonstrated the strengths of these efforts in NY, CT and MA respectively. The Council also presented the various obesity projects funded through the \$500,000 funding mentioned previously. The event was a success, and forum materials are available on the Council website http://www.cga.ct.gov/COC/obesity_council.htm.

The fourth achievement Tom presented was the 2009 legislation of menu labeling and Complete Streets. Two of the policy ideas presented at the Council's conference became important legislation this year. After the compelling case made at the Council's forum, the menu labeling bill of 2009 was passed by both houses. It would

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have required chain restaurants to disclose calorie counts; however, the bill was vetoed by Governor Rell, who asked in her veto message whether it comes as a surprise that a vegetable salad is healthier than a bacon cheeseburger. The governor neglected to mention that many salads purchased at restaurants are extremely high in calories due to what is put on them, and that calorie labeling has been shown to be effective in helping individuals to make informed food decisions. Hopefully this bill will be re-introduced; however, as Marlene mentioned, federal action may be on the horizon. Making streets safe for bicycles and pedestrians was also discussed at the conference. After the conference, the Commission on Children helped several legislators to pass the Complete Streets bill, which Governor Rell signed into law. The new law requires that on October 1, 2010, at least 1% of state funds for highway or street projects go towards creating facilities for all users, including at a minimum bikeways and sidewalks with curb cuts or ramps. This is not new spending, it's a reallocation. The law also establishes an eleven member CT Bicycle and Pedestrian Advisory Committee Board, and requires the Transportation Commissioner to report to the Transportation Committee on projects that DOT is undertaking that contain bicycle and pedestrian access. This law has led bicycle advocates and our Safe Routes To Schools colleagues at DOT to join the Commission on Children and transportation advocates in planning a new Safe Routes To Schools network, which will be housed at the Central CT Bicycle Alliance. The Commission has learned to always look for new and surprising partners.

Tom said that he felt that the CT Childhood Obesity Council needs to be made a permanent statutory entity, in order to be fully effective. The Council needs statutory authority in order to do its work without interference from waffling bureaucrats. Legislation was introduced in 2005 to achieve this, but it hasn't yet become law. That bill, which had widespread support, would create a State Obesity Prevention Council that would take a major leadership role in childhood obesity prevention by developing a plan for a state nutrition policy, a public education and outreach campaign, obesity policies for communities and schools, ongoing review and evaluation of best practices, and local planning and zoning that supports active lifestyles. The Council would serve as a central state resource for information regarding obesity prevention policies and initiatives, and that bill would also create a student advisory subcommittee to promote youth leadership on obesity prevention, coordinated by the Commission on Children. Tom emphasized that educating parents and young people and involving them in policy solutions is essential to this effort. Families are critical partners, as been shown in the Commission's Parent Leadership Training Institute, where many parents have chosen obesity related final projects in their communities. Tom reiterated that CT cannot fully confront the complicated challenge of obesity without committed leadership from the top and adequate resources.

Tom went on to suggest some low cost and no cost things that could be implemented in the meanwhile, even before the SustiNet Task Force releases its recommendations in July 2010. The Council needs to create partnerships among disparate efforts. There are many local obesity coalitions that are growing stronger. A coordinated team effort would benefit all, including building a stronger case for federal and private funds. Tom proposed a Council led roundtable or summit of all local

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coalitions. His recommendations included engaging in a cross agency RBA process to set goals, share plans and coordinate actions; establishing the action teams that were announced in the spring but which were not implemented; revisiting the BMI proposal; reassessing other states' experiences and re-introducing the bill; incorporating emerging best practices into interagency projects, through master contract and memoranda of understanding; serving as a team to prepare cross-agency applications for federal funding through the federal stimulus and other opportunities; creating an information packet on all relevant state agency programs; updating materials and distributing them widely; applying for foundation funds on the behalf of the Council; engaging all ten state agencies to analyze each of the 116 policy recommendations of the 2008 conference in a formal policy review; conducting a regional listing tool in coordination with local obesity prevention coalitions; developing a public outreach campaign starting with donated public service announcement time; and conducting a leadership survey of other states' obesity coordination efforts. Tom said that he felt that the Council could do these things, but that the Task Force should keep these things in mind when making recommendations.

The next speaker was Mario Garcia who presented information on activities regarding obesity prevention and control that DPH has been involved with. He spoke of the plan that was submitted by DPH in conjunction with a group of stakeholders in 2005 with funding from CDC. Mario felt that it was a very good plan, but it wasn't linked to any funding streams. There were no assurances that all the good ideas contained within the plan could be carried out. Some efforts have been made, by governmental and non-governmental agencies, but this would be a good time to revisit the plan and revise the goals contained therein, as there are still many gaps left. The plan is available online on the DPH website. The first goal of the plan was to develop a comprehensive state infrastructure for obesity prevention and control, with the intention of providing support using programs and technical assistance. Part of this support was designing a surveillance system to track indicators relating to nutrition and physical activity. There have been efforts made to develop this surveillance system. The second goal was to develop, implement and emulate a community level model for obesity prevention and control. Two pilot communities received funding to do this. Mario said that he would obtain the results from those communities and report back to the Task Force. The third goal was to create mechanisms for promoting and tracking environmental and policy changes and outcomes related to the promotion of increased physical activity and improved nutrition practices. Most of the activities that have taken place have to do with meeting this third goal. Part of the purpose of creating this statewide infrastructure is to have a solid partnership with different state and non-governmental agencies working on this issue. Much has been accomplished via the efforts of the work that DPH has done with the Childhood Obesity Council and partnerships that have been formed by the implementation of some of the programs that will be discussed. The effort to obtain legislative support for the development of surveillance capabilities is in the works. It would also be important to ensure that state and local policies and actions across all governmental departments support healthy nutrition and increased physical activity. DPH has worked closely with DOE to ensure that there is coordination of the work being done in the school sector.

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At the community level, the purpose of the plan was to increase collaboration of nutrition and physical activity professionals between state and communities to present consistent and effective messages within and across communities and to identify best practices within the state. At the school level, the goal was to provide healthy school nutrition environments in the cafeterias and at concessions at sporting events by developing state and local school district policies that increase physical activity opportunities and promote healthy eating habits, communicate a positive correlation between child health, physical activity, and academic performance, and to provide tools to help educators make changes in their own classrooms. DPH and DOE have worked closely together on the Coordinated School Health Project to implement these policy changes. DOE has been very active in working with the school systems in developing nutritional standards that were described earlier. Mario also said that the plan suggested that common practices, standards and referral mechanisms for overweight and obesity should be developed in the healthcare sector by adopting, recognizing and using best practices guidelines, leading to prevention, screening assessment, treatment and referral for overweight and obesity; providing nutritional services for related chronic diseases such as cardiovascular disease and diabetes; promoting physical activity; and finally, addressing health plan coverage and reimbursement issues related to services, provisions, interventions, education and counseling programs and referrals. DPH worked with Aetna, participating in workshops where a pilot program has been developed for the city of Hartford, in which a program will be created for reimbursement for patients who have Medicaid coverage who have been referred for nutritional counseling. Aetna is hoping to organize a large coalition of stakeholders in the city of Hartford who would be willing to work on this.

DPH's plan also promoted the idea of having industries and institutions do more to promote healthy and nutritional practices and participation in physical activities. Related to that, the plan suggested that worksite wellness programs would be critical for accomplishing these goals. The worksite sector was encouraged to promote wellness policies in worksites. Also mentioned was having worksite initiatives that accommodate lactating mothers in the workplace.

Next Mario spoke of what DPH has already done to move toward these goals. In 2005 and 2006, DPH initiated a program on worksite wellness that was begun within the department and then extended to other agencies. Employees were engaged in walking programs that required them to sign up for walking throughout the city and stair climbing in buildings, logging miles and steps taken. It provided a way for people to be active, and included learning lunches with speakers, disseminating newsletters, and offering yoga programs. In 2007, the National Governors' Association issued a grant to DPH for them to expand this effort on wellness programs, and to extend it to other agencies. Under this award, there was to be an interdisciplinary health policy advisory team, which involved several state agencies. One idea was to encourage people to do their own health assessments by using a website with a questionnaire that was created for this purpose.

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DPH became increasingly involved with the work that was described by Tom Brooks earlier in today's meeting. DPH has submitted their proposal with the four categories of overweight treatment, weight control, weight management and overweight prevention. Mario felt that everyone will be impacted by this policy, those who are already dealing with the effects of being overweight in addition to those who are at risk of becoming overweight which affects so many of us in the current environment. These are very important and valuable programs.

In 2009, DPH has been working on a number of contracts and programs. Funding of about 2 million dollars was available, of which half was federal funding and half was state funding. Additionally, the federally funded Supplemental Nutrition Assistance Program (SNAP) provided funds to CT. DPH has been using these funds to target children in preschools and daycare centers. There was also federal funding from Preventive Health Services in the form of a block grant. Additionally, there were state funds allocated from the Tobacco Health Trust Fund for seven contracts that DPH is working on. DPH is working on visiting 253 sites in CT which have approximately 10,000 slots, each slot representing a child. The work has been organized in clusters, mostly located in urban centers in the state, with the goal being to provide nutrition education. This is where the largest concentration of the population lives and where 185% of the federal poverty level lives in CT. Next Mario discussed the Food and Fitness Program, which focuses on healthy eating and physical activity in elementary schools. The contractor for this program is the Community Health Center in Middletown, which carries out this program in eight schools by providing one of two curricula. There were also two control schools used as part of this program. In January 2010, there will be a public presentation on the results of this project. Mario said that when the schools were first approached with this, they were reluctant to participate, but there was a superintendent from Middletown who was instrumental in getting schools to be part of this project. Halfway through the project, the schools were convinced that they had made the right decision. Mario said that the level of cooperation and excitement showed that people would be willing to participate in programs such as this as long as someone helped them to take the first step.

Mario pointed out other examples of school programs that have been done. He also discussed community gardens as a good way for children to see the process of where their food comes from. He said that in addition to DPH, other departments that are working on these issues are DOE, the Department of Environmental Protection, the Department of Agriculture, and the Department of Transportation. He mentioned non-state agencies that provide outstanding work in the area of children's fitness, such as the YMCA, various coalitions, such as the Hartford Food System and the New Haven Policy Council, and efforts in Danbury and Stamford.

Lastly, Mario discussed BMI, saying the best approach to using BMI is unclear. It could be the screening done by the school nurses, which would target individuals who are in need of interventions, which is seen by some as being controversial. DPH's position has been to conduct surveillance, recognizing the weight status of the population at large, while keeping data anonymous and identifying trends in the general population. DPH is currently engaged in a proposal for stimulus funds for

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New Haven and the Northeast Health District to carry out comprehensive projects on obesity and nutrition based on CDC recommendations. DPH recommends that this Task Force look into those particular projects.

Jennifer Smith-Turner spoke next about the Girl Scouts, specifically the Girl Scouts Research Institute, and a report called "Weighing In" that was done in 2003. She pointed out that much of the information contained within the report is still relevant today. One of the recommendations contained within the report, which was based on national studies of girls only, was to not allow sugar based drinks in school systems, which CT has already accomplished. Jennifer said that a recent study from the Institute, which she will post onto the website, focuses more on the behaviors of approximately 3000 tweens and teens, as these ages were described. An idea contained in the report is that in addition to the physical harm that results from being overweight, research suggests that related social and emotional issues impact on children's quality of life and adjustment. Compared with children of heavy weight, those who are severely overweight experience greater fear and sadness, reduced quality of relationships with their peers, and less ability to pay attention in school and to do their homework. This would lead one to believe that there is a strong connection between obesity and a lack of school success. The report also addresses physical activity, how critical it is, and how so much of it has been taken out of children's lives these days. One factor is the internet and another factor is that schools don't have recess as much as they did formerly. The research found that girls still want physical activity. Due to Title IX, there are more girls participating in sports, most popularly soccer and cheerleading. The Kaiser Family Foundation conducted some studies as part of this report, presenting a series of policy options for altering the media environment that children are growing up in, including reducing and regulating food ads that are targeting children, expanding education campaigns to promote healthy eating and exercise, incorporating messages about healthy eating into television story lines, and supporting interventions to reduce the time children spend with the media. Jennifer also pointed out that the media has expanded to include Facebook, Twitter, etc. She reiterated the relevancy of this 2003 report to today's issues, and that there have been some policy changes that have made a big difference, showing the importance of having groups come together and make recommendations.

Andrea Rynn spoke of the Coalition for Healthy Kids in Danbury, which was a collaborative effort created in 2007 between United Way, the city of Danbury's public schools, Danbury Hospital, and the regional YMCA among others, including some local legislators who sat on the public health committee. For a two year period, the Coalition conducted research, held community events, did some communications, and held cooking classes. At the end of two years, the Coalition reviewed their efforts to see what had changed. The percent of children passing the CT Physical Fitness Test done in Danbury schools dropped from 30% in 2001 to 19% in 2009. The Coalition did some research, and found that in the local hospital-supported pediatric health center, 32% of the children seen there were obese and pre-diabetic. It was felt that the Coalition had done some valuable things, but that their efforts didn't have the desired effect on the community. One major outcome that was a result of that effort was that the United Way of Western CT has now added pediatric

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obesity as one of its three focused funding areas. While the Coalition's effort didn't bring about changes in nutritional practices and levels of physical activity in areas that they were able to track, it did prove to be a kick in the pants, giving the group a chance to reassess where they were going. Most of 2009 was devoted to doing community-based research. The effort was made to reach out to children and parents to find out if this was important to them. The parents responded that the health of their children was important. The parents were helpful in sharing with the Coalition some of the barriers to physical activity or good nutrition that their children faced. The evening meal was often late, and among lower income families, less of them were able to eat meals together, sometimes as seldom as once a week. Portion control and fat content of the meals were a concern. Children often model their parents' behavior, so maybe good examples weren't being set, for example in the consumption of sugar laden beverages. Some of the environmental themes were: lack of sidewalks, unavailability of places to play, feeling unsafe in their neighborhoods and not knowing their neighbors, the costs of sports programs, food insecurities, costs of fruits and vegetables, and cultural sensitivity at food banks. Parents would like to see more cultural diversity in the schools' menus. Multiple families sometimes live together, and that sometimes played a part in the food consumed. There was also a lack of knowledge of available community resources, and it was found that parents placed the burden of better food and in school and after school physical activities on the schools. Communication by health professionals needs to have more diversity, so more multi-lingual staff is needed. It was found that mothers of low income families had the biggest influence on family eating patterns, and that physical activity often took place three or less times per week outside of the school setting. Most information on nutrition is garnered by word of mouth or from local newspapers in their preferred language. Language barriers, adjustment to climate, and economics were all cited by parents as being barriers.

The Coalition conducted additional surveys asking if parents had the money or resources to serve what they perceived as healthy meals. There was a general survey conducted during Children's Day at the hospital, representing a regional attendance of mixed economic and social and ethnic backgrounds. Almost double the number in Danbury's Headstart programs responded that they did not. When asked how often their children drank soda or beverages containing sugar, the response from low income families was that very few said that it was never or once a week. The Coalition wasn't surprised with the nutrition responses, but the lack of physical activity was unexpected. Andrea said that she felt that this area doesn't get enough attention. Questions such as, do the children play in their own neighborhoods, netted the response that 65% of them only played in their neighborhoods two to three or less times per week. It remains unknown if there are other places where children get opportunities for physical play. Survey results showed that Latino and Hispanic children as well as children with special needs didn't have access to activities or recreational programs. When respondents were asked what they would choose if they could pick the physical activity that they were interested in, most of them said that they would just like to have parks and playgrounds where they could play, dance or play ball sports.

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Andrea said that there was a community planning program held last month in Danbury, resulting in an initial focus on two pilot programs that will be funded by United Way. The first is a collaboration among the medical community, families, and after school programs. It was felt that it was necessary to create those linkages out of the schools, because the schools are doing much to promote fitness, but there is a lack of resources outside of the schools. Specific physical activity programs that are no cost or low cost will need to be developed. Andrea emphasized the importance of pulling together to point children who are at risk to programs such as these at the grass roots level. Jennifer said that she and Andrea should discuss collaboration between their two organizations, because there are a large number of Girl Scouts in the Danbury – Ridgefield area. Andrea continued, saying that the reason after school programs were being looked at is the linkages to the parents. They looked at what children could be doing after school that would promote healthy eating or physical activity, and where the parents could come to at 5 or 6 o'clock to pick up the children. One suggestion was for a cooking class in the after school program where the children were helping to prepare a meal that they could take home for the family's dinner.

Christine Finck said that she was struck by all the attention and focus that the obesity epidemic has been given in CT. While not underestimating the fact that prevention is vitally important, she said that as a physician she has been frustrated by the fact that treatment regiments are never funded, even though grants are applied for. She said that it seems to her no one is addressing children who are obese; in Hartford alone, 18 % of the children are considered to be super obese. She has done over 10 lap band surgeries on children aged 16 to 18 in this community, showing that there is truly an epidemic and a crisis. Christine said that she would like to engage the pediatricians in the community on this issue, having them counsel families or engage nutritionists to do this, although nutritionists' services aren't usually covered by insurance companies. Dr. Estrada, an endocrinologist, and Diane Lombardi, a nutritionist, have come up with a good comprehensive plan at Connecticut Children's Medical Center (CCMC) to address this; however CCMC doesn't have time to see all the patients requesting these services, due to limited resources and funding. Christine suggested that the Task Force engage insurance companies to partner with grass roots groups such as the Girl Scouts or YMCA.

Marlene asked the Task Force for suggestions of other speakers that would be of value for this group to hear. Mario said that he felt that SNAP (Supplemental Nutrition Assistance Program) would be helpful. Marlene said that she would like to hear about the American Resource and Recovery Act and other funding sources, and asked if anyone knew of someone who could make a presentation. Mario said that the federal Department of Health and Human Services provides about \$630 million for prevention services, and suggested that someone there be contacted. Marlene said that the next step for the Task Force would be to look at what's already been presented and to prioritize, figuring out what the next step would be. She asked that Task Force members give some thought to this before the next meeting, and asked that everyone be ready to discuss what they feel are the top three priorities. She also asked that everyone consider what they think are the most promising

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recommendations that the Task Force could make. Jennifer said that she wanted to recommend Dr. Ann Beal, the president of the Aetna Foundation, whose website notes that obesity is one of their top priorities. Jennifer spoke with Dr. Beal, and learned that she was willing to be involved in Task Force efforts. Mario asked if the recommendations made here were going to be geared toward the healthcare sector or the larger spectrum of public health. Marlene replied that the recommendations would be broad, looking to create statewide initiatives. Andrea said that she felt it was important to be sure that Task Force efforts are aligned with efforts that are already being done. She said that the Task Force needs to keep in mind results based accountability. Tom said that there are national and instate experts on results based accountability who have been contracted with to work with CT state agencies who are working with the CT legislature and the appropriations committee. He said that he felt it would be valuable to consult with them. He said that he felt the following things were important to keep in mind while setting priorities: cost, who could lead on a particular issue, anticipated timetable, and lastly, impact. When each recommendation is made, these things could be cited, showing that thought had been given as to how to proceed with the recommended action. Jennifer suggested that it would be helpful to create a tool for all Task Force members to use that would assist with collecting data and following a specific process. Andrea spoke positively about a tool for outcome based accountability that she has used, and she agreed to send the template to Marlene who will adapt it for the Task Force to use. Dawn Crayco said that Google Documents provides forms that can be customized for individual use. Andrea said that two issues that have come up repeatedly as root causes of obesity are inappropriate nutrition practices and lack of physical activity. She felt that it would be good to focus on these two issues.

Marlene adjourned the meeting.

Next meeting January 8, 2010 at 1:00 pm, LOB Room 1C