

SustiNet Health Partnership

Childhood & Adult Obesity Task Force

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Childhood & Adult Obesity Task Force Regular Meeting

November 6, 2009

Meeting Minutes

Task Force Attendees: *Lucy Nolan, Co-chair; Marlene Schwartz, Co-chair; Jennifer Smith-Turner; Renee Coleman-Mitchell; Dawn Crayco; Roberta Friedman; Andrea Rynn; Tom Brooks*

Office of the Healthcare Advocate: *Michael Foy Mitchell*

Absent: *Appointment of Senator Martin Looney—not appointed yet*

Lucy Nolan introduced herself and welcomed the board members. She invited the stakeholders to join task force members at the table. She said that meetings have been set up for Friday afternoons, and asked if this would work for others.

Lucy recently attended a meeting at Robert Wood Johnson on childhood obesity and the economy. She informed the task force that 5 to 7 percent of our annual healthcare expenditures are attributed to obesity; this amount is up to 100 billion dollars a year nationally. This doesn't include the direct economy that may be affected, such as sick time out of work, with which it was felt that this amount would probably be doubled. These statistics show how important a mission this task force has.

Members introduced themselves and described what they do, and why they have an interest in the issues of childhood and adult obesity. Marlene Schwarz led the discussion of the mission and workplan for the task force. She pointed out that the timeframe calls for this to be completed by June 2010. There will be a report created from examining evidence based strategies in preventing and reducing obesity in adults and children, and from this report the task force will need to create a plan to make those changes in CT. She said there has been much research nationally and statewide, and that the task force should look at what has already been developed. She sent two reports by email to members: reports from the National Governors' Association and the Institute of Medicine, both focusing on what local governments can do about obesity. For the second meeting, Marlene said that members

Members

Christine Finck • Jennifer Turner • Andrea Rynn • Neil Vitale

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could divide up the duties of reviewing those resources, and she said that she'd research other known resources, and that findings could be presented. The Department of Public Health had completed an obesity plan, so perhaps someone from that office could present at the meeting. The Obesity Council has a slide presentation that could perhaps be shown. Marlene asked if anyone in the group knew of any other resources that would be helpful.

An unidentified speaker said that at the next meeting she could provide printouts of data that has been collected by her organization regarding initiatives around the state at the local level that have been fascinating and have produced great results. An unidentified speaker asked if there was a way that information could be shared electronically. Marlene said that the website would provide a way to share information, eliminating the need to make copies. Andrea Rynn said that she could share information from a focus group consisting of Head Start parents and neighborhood groups from Danbury, as well as from Danbury's Pediatric Health Center, whose records show that 32% of the children seen there are obese.

Marlene said that the task force should identify the primary features of the report that this task force will be producing, and she offered to take the lead on drafting it, saying that she would welcome any assistance. The next step would be to think about the core elements that we want to include. Lucy said that it was important to have information about local initiatives, but also to include statewide policy issues. Marlene said that we should distinguish between programs that are used locally, and policies, which are used statewide.

Roberta Friedman pointed out some basic differences between policies and programs. She said that programs are mostly used one time, whereas policies are more permanent. Programs have a limited reach; policies have a more universal reach, with true environmental change. Often programs are experimental, whereas policy is more evidence based. Programs don't change the default in the environment; policy creates optimal defaults in the environment, in a way that programs can't. Programs focus on personal responsibility, as opposed to policy changes that focus on the environment. Programs are more of a medical model, and policy is more of a public health model in terms of prevention. Programs are easier for people to buy into, as opposed to policy which can be controversial. Programs are not sustainable, but policy is. Programs often have more immediate results, but policy may take years to show a result, as it lays the groundwork for changes. Lastly, programs are less political, yet policy often is political and controversial.

An unidentified speaker gave as an example the goal of decreasing soda consumption among children, which has been well documented as being associated with obesity. A program would be an education campaign where children in the schools are taught about soda, and were persuaded that it's a bad idea. An example of policy is when CT decided that soda would not be sold in the schools.

Lucy said that we need to invite stakeholders to attend our meetings. The following have been invited: American Heart Association, CT Cancer Association, Action for Healthy Kids, CT Food Policy Council, Department of Public Health, CT Department of Education,

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Commission on Children, CT Public Health Institute, New Haven Food Policy Council, The CT Dietetic Association, and CT Association for Physical Health, Education and Recreation and Dance. She thought that parks and recreations departments might also be included. Andrea Rynn suggested that we also invite the YMCAs who have a national program called Activate America, which is targeting children to be more physically active and practice better nutrition. Additionally, the United Way in her area has chosen the area of pediatric obesity as one of their three funding focus areas, and there are issues with getting funding. Jennifer said that we should add Voices for Children, who has a lot of good research. An unidentified speaker said that there is a task force member who is from CT Children's Medical Center, but she was unable to make it to today's meeting. Roberta offered these suggestions: Department of Transportation and Department of Agriculture, as the task force considers food systems and built environments. An unidentified speaker said that members could contact them, and that the task force also have representation from the CT Food Policy Council and the American Farmland Trust.

An unidentified speaker asked everyone to look at the workplan. Renee said that maybe the task force should assign duties at the next meeting, after there are more resources and maybe more stakeholders participating. She asked if there was a charge as to a timeframe to measure the goal of the mission. An unidentified speaker said that she didn't think so. An unidentified speaker said that two or three years ago, there was an effort to try to have legislation that would require body mass index assessment at the state level. Some towns and school districts are tracking BMI at the local level, but there isn't a state database to track this information. She asked if this group would want to be able to assess our progress. Jennifer responded that she felt that the task force should be able to measure outcomes, so it should work on a state database. Andrea agreed, and said that one of the things they were looking at in Danbury is using the blue forms, which are the physical exam forms used by the schools, and having the doctors noting BMI in addition to height and weight. These forms are completed every three years. Perhaps the school nurses could try to collate that information in conjunction with the state university, perhaps having a graduate student work on it. Marlene said that many schools are beginning to use computerized records, which would make this information easier to track.

Tom Brooks said that we need to determine whether the task force is considering a program that measures students' BMI at one particular school, or if it is considering a policy where the state overall has a database of this information, to be used to make determinations on programs for future use. He pointed out that there are a lot of decisions for the task force to make in terms of what it is collecting: how, why, is it a useful measure; does it have the funds to do this; should school nurses or DPH do this; should blue forms be used; which are provided by the pediatrician's office; is there a risk that the data is months old, or might have been filled out at a later date than the actual physical, and perhaps was filled out by someone other than the physician. Would it be better to have the forms filled out by the school, with everyone lining up and being weighed in? Once the data is collected, how is the state going to use it, will it be useful, or are certain school districts going to feel that they

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aren't doing an adequate job? There are many issues to consider, requiring some very deep thought.

An unidentified speaker agreed, and said that she felt that everything done here needs close scrutiny to see how it will affect the various communities. She said that she knew that pediatricians weren't happy with the previous legislation, and that there is the funding aspect to be considered. Tom said that when this legislation was being passed, there was widespread support from a number of statewide organizations, but there were many questions.

Marlene asked members to identify priorities, and where to focus our efforts. Lucy said that at End Hunger CT!, they work with low income families on federal food programs as well as working on school nutrition issues. The overarching issue is always about access to available programs, and looking at what some of the barriers are. When there isn't access to programs, food insecurity and obesity go hand in hand. The task force needs to be aware that when there isn't enough food, it's for a number of reasons, and that obesity can be a result of economics.

Jennifer Smith-Turner said that in her work with Girl Scouts, they promote living a healthy lifestyle as a key initiative. There is a Girl Scout Research Institute that has compiled data from 3 million girls nationwide, and she would be willing to share that information on the website. The Institute study addresses many of these issues, including promoting being outdoors. There are many outdoor activities offered at the various Girl Scout camps during the summer months, but they also looked at the types of foods being offered at the camps, and are now offering salad bars and providing fresh vegetables as part of the meals. The Girl Scouts feel that health is so important to girls' education, emphasizing being alert in school and doing well in school. It focuses on providing information to the girls and to the leaders, because we rely on them to teach our girls why it is important to have healthy lifestyles.

Andrea said that it's been a great learning experience working on these issues in her community. She said that the state often looks to the schools for help with this, but the task force also needs to look for additional partners, such as corporations and employers, where there are opportunities to educate the parents as well. When all the focus is on the schools then the state is relying on the children to educate the parents, and there is a question of whether that will be successful. When looking at high risk families, there have to be other means of nontraditional communication as well. This issue is complicated, and the task force will need to be creative in its approaches, involving nontraditional partners that can be tremendous assets.

An unidentified speaker asked if there were any nontraditional partners that haven't thought of. Jennifer said that there is an industry cluster called The Agriculture Cluster, and that it may be interesting to invite them to participate. Their focus is on ensuring the vibrancy of the agriculture industry in Connecticut. Andrea suggested that perhaps an insurance

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company might be willing to have someone participate. She also suggested a corporate partner, who may have a foundation whose mission is to serve children, perhaps GE or Pfizer, perhaps providing a completely different viewpoint. Jennifer suggested Aetna, who is very focused on children's health, that being their business as well. The new president of their foundation is Ann Beal, and children's health is a key focus for them.

Marlene said she wanted to get back to the question of policy vs. program, and talk a bit more about how other places have thought about this. She said that Rob had used the term "Optimal Default," and wanted to explain what that is. Optimal default is when what automatically happens is what you want to have happen. For example, in many European countries, the default is that people are organ donors, unless they specify otherwise. People getting drivers' licenses are automatically organ donors unless they state that they do not want to be organ donors. Their rate of participation in organ donor programs is 95-98%. There are other European countries where the default is that people are not organ donors unless they opt in, and their rate of participation in organ donor programs is perhaps 40%. By changing the default, it is much easier to change people's behavior. People's eating habits have changed so much over the past 40 years because the environment has changed. The country knows so much more about nutrition than it used to, but people are surrounded with fast food options. Nutrition education doesn't solve the problem. People have to be able to make good food choices as the automatic thing that they do. In Los Angeles, California, there were communities that were filled with fast food restaurants. Research has shown that obesity is associated with the proximity to fast food restaurants. There was a moratorium on opening new fast food restaurants. The idea was to change the default environment, so that there would be more healthy restaurants to choose from. In Hartford, there is an initiative called Healthy Corner Stores. A group from UConn is working with corner stores to have them increase the amount of healthy food options, and to decrease the amount of unhealthy food options. This is an example of changing the environment, and something to think about when making policy. The task force could look at zoning laws to see if there was a way to encourage stores to have more healthy options.

Renee Coleman-Mitchell said that when DPH does data collection, it's sometimes called "passive consent" so that anyone not wanting to participate would have to indicate so. She wanted to suggest that maybe a representative from the Connecticut Academy from Pediatrics might want to be a stakeholder. An unidentified speaker said that Cliff O'Callahan wants to be part of this, but he couldn't come tonight. An unidentified speaker suggested that the Mayors' Association might want to participate. Mayors have an important role in changing the environment. If the task force were to work with CCM and their Children and Families subcommittee, it would probably find some mayors who are interested in our efforts. An unidentified speaker said that she agreed, that society has used leaders from the schools, but the task force need to find some other leaders too. She wanted to reiterate some of the presentations that the task force has planned for our next meeting: There will be a DPH presentation and also Tom will give a presentation. Renee agreed to take the Governors' Association item to present. An unidentified speaker agreed to work on the IOM report. Jennifer will bring information from the Girl Scouts. An unidentified speaker

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mentioned that maybe the task force could reach out to the American Hospital Association. An unidentified speaker wondered if there were other community change models that could also work here. Renee said that DPH currently collects asthma information from school health assessments. This was mandated by legislation, but it is through the state Department of Education, using their forms, so DPH works collaboratively with them. Currently the state uses school nurses who are collect information, collating it into one form and sending it to us annually. DPH then enters the data and comes up with statewide aggregate data in regards to asthma. There would need to be a lengthy conversation with the Department of Education because it is their form the task force would be using. Also, obesity is a very sensitive issue for parents as well as children, and the task forces needs to keep this in mind in our data collection.

An unidentified speaker asked Renee if she knew how much it cost to collect this data. Renee said that she could calculate this from an asthma perspective, and bring that data to the next meeting. It took a year or so to get the asthma program running. An unidentified speaker asked how many Department of Education districts have automated data collection systems, and expressed that this would make the process easier for school nurses. Renee wanted to know who the Department of Education stakeholder was who would be participating in this task force. (Inaudible) Jennifer asked how stakeholders are invited to participate. There was an inaudible response, but Jennifer said she was meeting with the president of the Aetna Foundation, and that she could ask the foundation if it would like to participate. It was noted that stakeholders would not be able to vote, but their input could prove to be valuable.

Members agreed that the next upcoming meetings would be from 1:00 to 3:00 pm once a month. An identified speaker asked if the task force could obtain data regarding obesity in CT, such as who is obese, what is the socioeconomic breakdown of the data, and is it primarily in our cities or in other areas. An unidentified speaker said that there is good data available in the CT Public Health Policy Report, which will be posted online for all task force members to review.

Meeting adjourned.

Next meeting December 11, 2009 1:00 pm, LOB Room 1C