

SustiNet Health Partnership

Childhood & Adult Obesity Task Force

Co-Chairs
Lucy Nolan
Marlene Schwartz

Board of Directors Liaisons
Nancy Wyman
Kevin Lembo



Phone:
866.466.4446

Facsimile
860.297.3992

E-Mail
SustiNet@CT.Gov

Post Office Box 1543
Hartford, CT 06144-1543
www.ct.gov/SustiNet

Childhood & Adult Obesity Task Force Regular Meeting

January 8, 2010

Meeting Minutes

Task Force Attendees: *Lucy Nolan, Co-chair; Marlene Schwartz, Co-chair; Christine Finck; Jennifer Smith-Turner; Mario Garcia*

Stakeholder Attendees: *Cliff O'Callahan; Monica Belyea; Linda Drake; Tom Brooks*

Office of the State Comptroller: *David Krause*

Absent: *Andrea Rynn; Neil Vitale*

Marlene Schwartz welcomed Task Force members. The minutes from the November and December meetings were accepted.

Cliff O'Callahan, a primary care pediatrician from the Family Practice Residency Program at Middlesex Hospital in Middletown, spoke of a collaborative learning project he's involved with called ConneCTing with Families. The group's intention is to educate and involve physicians in playing an influential role in their interactions with families in addressing early childhood obesity, by using a pilot program called Fit for Kids. It is felt that new parents are more open to learning. There are 15 committed practices currently involved. These practices will gather for a series of learning opportunities, not just for listening, but for participating by interacting and goal setting. Providers who are motivated, from all different areas, large and small providers, will determine goals. This has been developed over the past two years. This will affect providers to approximately 22,000 children, of which about 70% are Medicaid recipients. This small infusion of money, time and effort has a large impact.

Cliff continued by saying that the goals and outcomes of this initiative are provider awareness and behavioral changes, practice changes, and obvious changes in parental knowledge, awareness and behavior. All of these are fairly easy to measure. Monica Belyea added that what's important about this learning collaborative is that these practices have

Members

Christine Finck • Jennifer Turner • Andrea Rynn • Neil Vitale

SustiNet Health Partnership

agreed to implement prevention, so that this isn't just treatment, referral and identifying children who are obese; but rather implementing messages, dialogue and engagement with parents into every well child visit, so that the prevention message gets across. This will have a huge impact on changing the landscape of how families think about feeding and helping their families to be active. Marlene asked Cliff and Monica if they could provide specific content of the messages given to the parents involved with this. She also wanted to know if BMI would be assessed, and if so, would this be compared with a control group or state averages. Cliff said that it would depend on funding and how much time and effort could be put into this. He also said that some of the methods used by ConneCTing with Families were modified from an Ohio study called Ounce of Prevention. Monica agreed to send the electronic toolkit from that study to Marlene.

Cliff continued, saying that this initiative would provide anticipatory guidance at each step of trajectory development up to 5 years, with the intent of education and prevention as well as identifying children on growth charts, and addressing things such as crossing percentiles when seen. These can be monitored by chart review. How much tracking being done is directly connected to funding and how much time a practice can spend accumulating data. This is meant to be pre-emptive education; rather than waiting until children are overweight this strives to prevent overweight.

Monica said that the message basics are based on the 5-2-1-0 plan from the American Academy of Pediatrics, which emphasizes breakfast, family meals, and limiting fast foods. The 5 indicates promoting more fruits and vegetables; families are asked to offer more of these foods rather than forcing them, creating a healthy mealtime environment so that children want to eat more fruits and vegetables. The 2 indicates the limiting of screen time to no more than 2 hours, including television, video games and computer use, and for children under 2 years old, it is recommended that there be no screen time. The 1 indicates a minimum of 1 hour per day of physical activity. The 0 indicates no sugar sweetened drinks, and no more than 4-6 ounces of juice per day. It is recommended that juice be given with meals, not between meals. Additional recommendations include: Starting at birth, teaching babies to be active and playing with them. For older kids, getting them outside to play. Starting at birth, educating parents to limit juice. These examples show that the messages to parents are specific, not general. Monica continued by saying that pediatricians must choose carefully about what they discuss and which handouts to give to parents. This initiative recommends that doctors pick one or two topics to discuss from a long list, and then keep an eye on children's percentiles for other topics that may be needed. Monica said that there will be a 5-2-1-0 survey put into the visit, and the results will be noted on the child's problem list in the medical chart. Also noted on the problem list will be any family history of risk factors for obesity. The visit paperwork will identify at risk children and determine which children and families should be targeted for more in-depth messaging. Jumping percentiles is considered a risk factor, even if the child is still not at the 85th percentile.

SustiNet Health Partnership

Cliff said that in Middletown the training has been extensive, including WIC providers, school nurses, preschools, daycares, DCF, and home visits for very young children, all giving the same messages and including oral health and obesity prevention. Jennifer Smith-Turner asked if the message was different for very young mothers. Cliff said that the messages have less to do with age than with maturity and openness to listening. There isn't just a single message, but messages are tailored, with sensitivity to various cultural differences. Participating providers are constantly learning about new cultures.

Monica shared reimbursement data from this pilot program. Fit for Kids, the toolkit, was developed as a pilot program with funding from the Children's Fund of CT, an arm of CHDI, and the Public Health Foundation. The goal was to create a referral resource to get doctors to refer kids early. Most of them referred kids late, which showed the importance of this learning collaborative. Another goal of the initiative was to determine whether the care manager/dietitian would be reimbursed, and whether this model could be replicated in other hospital settings. It was found that of 140 registered dietician visits, 91 of them were paid, and 30% of what was billed was paid. For group visits, 18 out of 32 group visits were paid, and overall, about 30% of the charges were paid. This shows that it's not sustainable to do this type of model unless insurance companies agree to participate.

Lucy Nolan described End Hunger CT!, speaking on access issues and giving the following presentations:
http://www.ct.gov/sustinet/lib/sustinet/taskforces/obesitytaskforce/ehc!_program_flyer_08.pdf and
http://www.ct.gov/sustinet/lib/sustinet/taskforces/obesitytaskforce/sustinet_obesity_task_force.pdf. She said that all children's nutritional programs are entitlement programs except for WIC. She described food insecurity as a lack of assured access to food at all times in order to lead a healthy, active lifestyle. Very low food security is when hunger is combined with food insecurity, which is described as being mental and physical, and results from a lack of economic funds or community resources. Children who are hungry are more likely to be chronically sick and to have behavioral problems than children who are not hungry. Food insecurity with its associated health consequences has long term ramifications for the larger community. Obesity is an outcome of food insecurity and hunger. Lucy gave the following statistics from the CT Commission on Children: 10.6% of children under age 18 live below the federal poverty level. 11% of CT households are food insecure. 4.1% of CT households have very low food security.

Lucy quoted another study, saying that 53% of women who were moderately food insecure were overweight, compared to 34% of women who were food secure. In food insecurity, diets are usually high in fat and sugar, and meals are often skipped and then overeating may occur. Physical activity is a problem because of unsafe neighborhoods and a lack of suitable places to play. In CT, federal food programs just became more accessible. The food stamp eligibility was increased to be 185% of the federal poverty level. This is also the eligibility number for all child nutrition programs. For a family on food stamps, the children will be eligible for free meals in schools. Lucy also discussed Open Sites, where if 50% of the

SustiNet Health Partnership

children in a geographic area qualify for free or reduced price school lunches, there will be summer feeding programs and at risk supper programs. This means that any child under 18 years of age, even if they don't live in that neighborhood, can eat there because there is significant poverty there. The At Risk Supper Program will provide meals on weekends, at supper and during school vacations. This program has not yet begun, but CT is one of 13 states who will be participating in it.

There has been a 30% increase in SNAP food stamp usage in the last year. This is due to new income guidelines, and also due to the fact that assets are no longer included in eligibility determination. As a result of these changes, many newly unemployed people are using these programs, people who wouldn't have been eligible under the old guidelines. There are some significant access issues; there are only a few DSS offices in the state, and the ones that are operating are very busy and overwhelmed, so benefits are not timely. The rumor is that these offices are getting 3600 calls a week from people needing services. Lucy described the school breakfast program that feeds kids before school. A recent report showed that 39% of the kids who participated in free or reduced lunch programs eat breakfast at school. This reflects an increase; grants now allow in-classroom breakfasts during the school day instead of requiring students to come in earlier for breakfast. Feeding all the kids removes the stigma of receiving breakfast earlier and in a certain place; everyone gets breakfast. Statistics show that kids who eat breakfast do better in school and have fewer weight issues. CT is last in the nation for the percent of schools that offer school breakfast programs. After School Snacks is connected to the At Risk Supper Program, and is a snack program that can be done out of school at Boys Clubs, Girls Clubs, etc. There are income guidelines for this program. The Summer Nutrition Program allows free and reduced price eligible children to go to various sites to eat. In CT only 25% of eligible children are participating. End Hunger CT! has found that with a little bit of outreach, these numbers increase significantly. These programs provide a place for kids to eat and play in a safe, supervised environment. The focus is on healthy foods, and studies have found that kids eat healthier from these meals than from food brought from home.

Other programs Lucy described were WIC and the Emergency Food Program, which has seen a 30 - 50% increase in usage this year. Fresh produce has been added, and this program is working on implementing client choice, so that clients will be able to shop for their own foods. SNAP Ed is a program that teaches food stamp recipients about nutrition. The Expanded Food Nutrition Program teaches people how to budget and cook. Many people don't cook anymore. Lucy said that it is important to increase awareness of these programs. These federal entitlements bring a lot of money to CT. For food stamps alone, for every dollar that is brought in federally for food stamps, it turns around into close to \$2 in economic activity for the community it comes into. This was one of the first programs to receive federal stimulus money. These programs lead to a lack of hunger and increased self-sufficiency, hopefully helping people to feel better about themselves by eating correctly and exercising.

SustiNet Health Partnership

Lucy discussed some upcoming federal initiatives. Congress is working on re-authorizing all children's nutrition programs, so that all of the previously described programs will be upgraded except SNAP which was done last year. There is a movement toward making administration easier, attempting to put all programs under one bailiwick. National menu labeling legislation is pending. There is also an attempt to upgrade the quality of school lunches. This reflects that there are many changes going on nationally and locally regarding weight and nutrition issues. The current administration is very interested in this, and the Secretary of Agriculture is outspoken on these issues, so now is the time to push these efforts.

Marlene asked if there was anything that can be done at the state level to try to consolidate the process so that people don't need to go to so many different places to participate in programs. Lucy said that DSS and DOE do direct certification for SNAP. Twice yearly, DSS alerts DOE as to who is receiving food stamps, so that they can ensure that those families free meals. Many programs are federally funded, so the state is limited as to what it can do. There aren't a lot of options in administering these programs.

Lucy discussed the Institute of Medicine, a report from September 2009 with funding from Robert Wood Johnson. This report describes the prime movers in local government actions to prevent childhood obesity. There's much here that this Task Force is already aware of; however, this puts it all in one place and gives examples of what this Task Force needs to do, spelling out specific initiatives. The report emphasizes that what's really important is to change the collective mindset about eating. Behavior modification for everyone will improve this. Policy can change people's way of thinking.

A specific example of what the IOM report looked at was taxation of sugared beverages. Marlene said that she had looked at the Rudd Center website, which has a calculator where one can enter the year and the state to see how much consumption there is of different beverages and how much the state would get in tax revenues. She did hypothetical calculations, by using 136 million gallons of sweet beverages, assuming the tax was 1 cent per ounce, and she found that this would create 174 million dollars a year in revenue. This is something to keep in mind, as there's never enough funding for these programs. Statistics from the Rudd Center show that with these types of tax increases, consumption drops about 10%.

Jennifer Smith-Turner said that this report will be valuable for this Task Force. Access is essential; if people only have access to fast food choices, that's what they will eat. This in turn shows the need for state incentive programs regarding economic development, and what the state does to encourage retailers to open food stores in underserved neighborhoods. This includes downtown Hartford where there is no supermarket. Lucy said that there are people at UConn working on getting fresh fruits and vegetables into local bodegas and corner stores. Mario Garcia said that WIC now allows fresh fruits and vegetables, so they have been working with retailers to ensure that these foods are available. This is in the early stages of implementation. Mario also said that DPH had compiled a plan

SustiNet Health Partnership

in 2005 entitled “Healthy Eating and Active Living.” Mario distributed copies to the group, saying this can serve as a reference, even though DPH is currently revamping this plan, attempting to ensure that all chronic disease programs are integrated into the plan. Currently, most programs function in a fragmented way, beginning with how funding is used. It has been recommended that programs be integrated so as to better prevent chronic diseases. Mario also brought literature from CDC’s The Weight of the Nation Conference from last summer. There was a list of recommendations that Mario felt the Task Force should review. He said that DPH is working with DOE on a coordinated school health grant from CDC, pinpointing early childhood and adolescence as key ages to emphasize good habits. Mario said that it has been helpful to review the various national documents as references, but he feels that the challenge for the Task Force is to translate these into something more palatable for the average citizen.

Marlene asked everyone to state what they feel are priorities for this Task Force. Tom Brooks said that he looked at recommendations made by the Childhood Obesity Council at a conference held in 2008, and thought that this Task Force should focus on programs that are already in place.

Tom’s suggestions are:

1. BMI data collection should be a priority.
2. Strengthen Complete Streets plan for CT.
3. Provide statutory authority for state obesity council.
4. Expand Safe Routes to School.
5. Have daily physical education classes for all students, from grades K - 12.
6. Promote a universal school breakfast program.
7. Promote breastfeeding.
8. Expand access to fresh produce.

Christine Finck’s suggestions are:

1. Form a council to organize federal and local initiatives.
2. Standardize data collection and parameters to be evaluated, accessible by Internet
3. Education.

Jennifer’s suggestions are:

1. Implement something that has a short-term success that is highly visible and impactful.
2. Provide incentives.

Marlene’s suggestions are:

1. Fund the Childhood Obesity Council as a permanent statutory entity.
2. Collect BMI data. (previously recommended by Tom)
3. Look at the federal feeding program and emergency programs and create a group of all the leaders to determine how to make programs more accessible.

SustiNet Health Partnership

Lucy said that she serves on the CT Food Policy Council, and that they are working on this last suggestion. She also said that Linda Drake is the chair of the Council, and that she could speak to the Task Force of efforts done there.

Lucy's suggestions are:

1. Universal school breakfast. (previously recommended by Tom)
2. Offer summer feeding programs.
3. Make exercise in schools part of the daily routine. (previously recommended by Tom)
4. Work on obtaining insurance reimbursements.

Marlene said that she would take everyone's suggestions and create a working draft that will be part of the Task Force report.

Marlene asked if there had been an assessment done in CT regarding food access. Lucy said that the CT Food Policy Council, Hartford Food System and UConn did a survey, and that it's accessible online. 169 different towns were surveyed, with questions such as whether the towns had grocery stores and food pantries. The survey was done a few years ago, so it may be useful to do it again. It was found that food access is a problem in rural as well as urban areas, because of a lack of stores. Mario said that DPH had used that report when selecting communities to receive funds from stimulus grants.

Tom said that BMI reporting shouldn't be treated as a parent report card. He discussed a bill that was enacted in 2008 to address BMI, asthma reporting, diabetes, cardiovascular health, and tobacco use in school records. Marlene said that BMI is a valuable tool for measuring a population rather than being used as an individual diagnosis. Mario said that there are two approaches to looking at BMI. The first is individual screening, which provides a small scale measure. The second is surveillance, which looks at population groups. Mario said that the Task Force will need to distinguish between these two approaches in making recommendations. He said that the national BRFSS already contains BMI measurements. These measurements will need to be correlated with the actual projects being done and implemented in CT, as the report will be CT specific.

Marlene said that at the next meetings she would like to have Ann Farris or Katie Martin speak about food access and what efforts are being done in Hartford to help improve access. She also mentioned inviting Linda Drake from CT Food Policy Council, and a representative from DSS to speak about the nutrition education program. Mario suggested that Marlene contact Mary Pariso from DSS. Also mentioned as a possible speaker was Dr. Cloutier from CCMC to speak on the Asthma Coalition. She also has a keen interest in obesity. Mario said that he has spoken with her, and that she was awarded a grant for an initiative with the schools and will be tracking BMI in Hartford schools.

Marlene set up these dates for the next five meetings: 2/5/10, 3/5/10, 4/2/10, 5/7/10, and 6/4/10, all from 1 -3 pm. Meeting was adjourned.