

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 April 23, 2010 Meeting Minutes

Task Force Attendees: *Lucy Nolan, Co-chair; Marlene Schwartz, Co-chair; Neil Vitale; Andrea Rynn; Jennifer Smith-Turner*

Stakeholder Attendees: *Mario Garcia*

Office of the Healthcare Advocate: *Africka Hinds-Ayala*

Excused: *Christine Finck*

Marlene Schwartz opened the meeting by welcoming Task Force members. The minutes from the 3/26/10 meeting were approved unanimously.

Lucy Nolan reported on the recent SustiNet Board of Directors retreat that was held to allow Task Forces and Committees an opportunity to meet, discuss efforts and become aware of each others' work. A template has been sent to all co-chairs to assist with report writing. Lucy said that this Task Force is much further ahead of other Task Forces and Committees on the report, saying that this Task Force's report is close to being completed and sent to members for comments/additions. The templates are due to the Board on 5/24/10, and Lucy said she feels that there will be no problem meeting this deadline.

Marlene said that the Health Disparities and Equity Advisory Committee sent three questions to this Task Force, as follows, and Marlene's replies to them follow in bold:

1. What key objectives has this Task Force identified to eliminate health disparities and equity relative to the issue of obesity?

The issue of health disparities and obesity is huge and has everything to do with socioeconomic status, which is a giant societal problem. The Task Force can't solve this giant problem, but can make recommendations so the opportunity to receive treatment becomes more equitable, including recommendations for insurance coverage.

Members

Christine Finck • Jennifer Turner • Andrea Rynn • Neil Vitale

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2. What measurable outcomes are expected in order to determine progress made on the elimination of disparities?

By grouping food insecurity, hunger and obesity all together it is hoped that a wide variety of people will be served by this. The goal is to ensure that individuals receiving foods from federal and state programs receive nutritious foods.

3. How will the Task Force track improvements to ensure that SustiNet is making a difference?

The Task Force is proposing a BMI tracking system that will provide straightforward measurement over time, if adopted.

Andrea Rynn said that looking at the percentage of students passing a physical fitness test would be a valuable measurement. The data is already collected and submitted, so it's easy to obtain, and can be sorted by school, district or county and compared to the state average. Marlene said this recommendation should be added. Lucy suggested looking at which schools have recess while looking at this data. Mario Garcia said that it would be helpful if Medicaid could increase reimbursement rates for preventive activities or nutritional counseling/referrals. This would impact groups who are most affected by disparities. He agreed to work with DSS to get specific data on reimbursement rates. An unidentified speaker said that the state can issue mandates to Medicaid and insurance companies but has not done this recently due to the poor business climate. Mario said that in the past, people in lower income brackets were only seen by Medicaid providers. Marlene said that the Task Force could recommend that Medicaid cover these services and then look to insurance companies to do so. Mario added that healthcare reform will change the insurance market. There will be additional providers, not only Medicaid providers who will be participating, and it remains to be seen how things will work.

Marlene stated the following recommendations:

1. Create and maintain a database of treatment options throughout the state for physicians to locate dietitians, trainers and other resources.
2. Develop a model of care for children that uses empirically supported treatments, for example Tim O'Callahan's model that was presented during the 1/8/10 Task Force meeting.
3. Cover all components of obesity treatment for children and adults.
4. Organize a peer education network as Tim O'Callahan has done, where pediatricians work together for the consistent treatment of children. Recommend a two year pilot program as Tim suggested and then look at it after a year to see if things are improving.

Andrea said that she'd like to discuss this with the Chief of Pediatrics at Danbury Hospital, her organization. Neil Vitale said that Medicaid recipients comprise 15% of his clientele. Many private insurers currently cover obesity issues, although many patients aren't aware of this coverage. He asked if Tim's suggestions were low cost, saying that he felt most pediatricians

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would be interested in such a program. Mario said that in looking at costs, if there are preventive methods that curb obesity and as a result help to avoid a huge financial burden, whether the cost is high or low it would prove worthwhile. Jennifer Smith-Turner said that Aetna recently awarded \$2.5 million to Connecticut Children's Medical Center (CCMC) to conduct a childhood obesity study. Lucy said that Christine Finck has initiated a discussion with CCMC and that she will report on this at a future meeting.

Lucy spoke about the template, saying it was to be used for creating an outline of the report. She said that this Task Force may need to do some rearranging of the report. Marlene said that this Task Force is past the outline stage, and suggested the Task Force submit the existing report to the Board. There was some discussion about which Task Forces' and Committees' work might overlap with this one. It was felt that HIT, Preventive Healthcare and Health Disparities were the ones whose efforts might overlap with this Task Force. Lucy recommended looking at the SustiNet website to become familiar with the work of other Committees and Task Forces. She also said that Universal Healthcare Foundation's website is valuable, and can be accessed by [clicking here](#). Mario said that the Medical Home Advisory Committee would have some overlap with this one because a medical home would act as a coordinator for healthcare. Neil Vitale said his practice is participating in a medical home project and it's working very well. There is a care coordinator nurse who oversees patient care needs, maintaining a growing database with referrals and follow-up. Neil agreed to ask a speaker to address this Task Force.

Mario said there was a briefing by the Insurance Committee wherein the Comptroller and the Healthcare Advocate gave a presentation on SustiNet, so the Legislature is familiar with SustiNet. Mario agreed to provide updated data from DPH to include in the Task Force report when it's available.

Marlene highlighted some important points of the Task Force report, beginning with a discussion about calories, and the need to eat fewer calories in addition to increasing physical exercise in a weight loss program. In looking back at the past thirty years or so, it becomes clear that calorie intake has increased greatly, which is the chief cause of obesity, but additionally, physical activity has decreased. Losing weight is more about diet than activity, but it is important to get exercise in order to avoid weight gain.

Marlene spoke of weight bias and discrimination, saying that these things can unintentionally trigger eating disorders. School programs should promote health for everyone and not single out overweight children. This Task Force does not recommend programs such as "The Biggest Loser" for children. Task Force Recommendation 1b is that the current Childhood Obesity Council move forward on its initiatives immediately, specifically tracking and communication and coordination of grants. Recommendation 2b is to make the Council permanent. Lucy suggested that this Council could also guide administrative and legal policy.

An unidentified speaker said that connectivity to electronic health records should be addressed, as some of this information may already be collected. Lucy said she'd touch bases with Ellen Andrew to see what information she could provide about the two Committees she

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co-chairs. There was some discussion about touching bases with other Committees to ensure that this Task Force doesn't create something that others may have already done.

Recommendation 4 is to improve the nutrition environment in schools and daycares. Marlene gave the following suggestions: providing breakfast, conducting a media campaign to promote breakfast, expanding Healthy Food certification and promoting school wellness policies. To improve the child care environment, Marlene suggested strengthening the Child Care Food Program standards and involving the state in licensing and monitoring the standards. Mario said that DPH could propose amendments to statutes regarding child care licensing by using a technical bill. This Task Force would need to present recommendations to the licensing department who could then present them to the Legislature. Mario added that DPH probably would not be in favor of anything requiring additional inspections, so the Task Force would have to sell them this idea. This would be a lengthy process, and Mario suggested creating public forums to educate people and allow them to express concerns. Marlene said that perhaps the Childhood Obesity Council could take the lead on this. The recommendations also include some type of regulation on screen time, whether it be television, computer or video games in licensed child care facilities, so that they are consistent with American Academy of Pediatrics guidelines. It would probably be a good idea to have public forums on this.

Another recommendation would be to require physical education in schools. Marlene said that schools already have so many mandates to follow, so she suggested after school programs as an area to focus on. There are many different types of after-school programs, so she suggested forming a community of people holding after-school programs and find ways to innovate improved quality and access to physical activities. Joint-use agreements are gaining in popularity, where schools and community groups combine resources so that schools allow outside programs to use their gymnasiums and athletic fields.

Regarding Recommendation 5, reducing marketing of unhealthy foods to children, Marlene said that schools should be ad free zones. Things like scoreboards, chairs, book covers, etc. shouldn't be used for advertising unhealthy foods. She said that it would be necessary to determine how much of this marketing is taking place in schools. Marlene said that there is a law pending in a CA city that would allow only healthy foods to include toys and games. This is complicated because the foods must meet nutritional guidelines, but it will be interesting to see how it pans out.

In speaking about funding opportunities, Marlene said that USDA recently announced the availability of \$11 million in grants to develop effective obesity prevention strategies. She said that this is something CT could submit applications for. Mario said that health reform will create many new opportunities. Marlene said that taking advantage of funding opportunities will help SustiNet a lot.

Meeting was adjourned.

Next meeting will be 5/28/10 at 1:00 pm.