



Childhood Obesity Prevention

e-Bulletin
Fall 2016

Dear Colleagues:

Obesity prevention begins early in life when children are still forming healthy behaviors. Implementing policies that support a healthy child care environment is a crucial step in ensuring the health of Connecticut's youngest residents. The Department of Public Health, in collaboration with a variety of stakeholders, has developed this e-Bulletin in an effort to provide information to assist early care and education programs in creating healthier environments to support development and learning.

September is National Childhood Obesity Awareness Month

According to the Centers for Disease Control and Prevention (CDC), approximately 1 out of every 6 children in the United States is obese. Obese children are more likely than their healthy weight peers to become obese adults. Obesity is the second leading cause of mortality only after smoking and is a major risk factor associated with chronic illnesses such as diabetes, heart disease, stroke, and cancer.



Over the last few decades, the prevalence of childhood obesity has increased and as a result, children are being diagnosed with illnesses once thought to only occur in adults. Fortunately, childhood obesity is

preventable through increasing opportunities for kids to be active and eat healthier. **The responsibility of preventing childhood obesity is shared.** Families, health care providers, schools, early care and education programs, and communities should work together to ensure that our youngest residents grow up healthy.



Here is what early care and education professionals can do!

- [Support breastfeeding](#)
- [Get kids moving](#)
- [Reduce screen time](#)
- [Provide healthy beverages](#)
- [Encourage healthy eating](#)

To learn about obesity prevention efforts in Connecticut, please visit the [Department of Public Health, Nutrition, Physical Activity and Obesity Prevention Program](#).

What's New?

[The State of Childhood Obesity](#)

The State of Obesity is a collaborative project of the Trust for America's Health and The Robert Wood Johnson Foundation. The website now features the most up-to-date rates and trends of childhood obesity.

[Early Implementation of the New CACFP Meal Pattern Requirements](#)

Food Nutrition Service (FNS) understands that many Child Nutrition Program operators are interested in implementing the updated meal pattern requirements before October 1, 2017. FNS strongly supports implementing the updated meal patterns as soon as possible because it will greatly benefit participating infants and children, however, there are some allowances under the updated meal patterns that are not allowed under current meal patterns. State agencies have the discretion to begin implementing certain allowances in the updated meal patterns that are not allowed in the current meal patterns (e.g., reimbursing infant meals when mothers breastfeed on-site). A second option grants State agencies the discretion to implement the entire updated meal pattern requirements prior to October 1, 2017. To learn more about options for early implementation of the updated CACFP meal patterns review the [memorandum](#) and contact your local CACFP representative.

Resources for Teachers and Providers

[DPH Supplemental Nutrition Assistance Education Program \(SNAP-Ed\)](#)

The Connecticut Department of Public Health in partnership with the University of Saint Joseph offers professional development for teachers at Head Start and School Readiness programs AT NO COST. This 1-2 hour training covers basic nutrition, child feeding practices, and implementation of Captain 5 A Day and Grow It, Try It, Like It! curricula. We are currently scheduling for the new school year. Please contact Teresa Martin Dotson, MS, RD, CD-N from the University of Saint Joseph SNAP-Ed Nutrition Program Coordinator at (860) 930-3672 or tmdotson@gmail.com to learn more!

[Fostering Healthy Habits with Young Children](#)

Dr. Lisa Dobberteen, with The Child Care Exchange, recently produced the above article containing helpful tips for teachers and providers on child feeding practices. Emphasis is put on the important role teachers and child care providers have in helping children establish a lifetime of positive health habits.

[Kids Health in the Classroom](#)

Even at a young age, kids can learn about eating nutritious foods and staying active. These activities will help students understand why they need to make healthy choices so they can be fit kids who grow into fit adults.

[Week of the Taco Cookbook](#)

The NAEYC cookbook is a fun, food-themed resource that celebrates cooking together and learning by connecting math with literacy skills, science, and more! These fun, kid-friendly recipes provide tasty taco-themed cooking experiences for children of all ages.

Resources for Families

DPH Supplemental Nutrition Assistance Education Program (SNAP-Ed)

The Connecticut Department of Public Health in partnership with the University of Saint Joseph offers nutrition education workshops to parents of children enrolled at Head Start and School Readiness programs AT NO COST. These 1 hour workshops consist of a facilitated discussion of a nutrition topic, including food demonstrations as allowed by the site. Participants receive supportive materials and recipes to encourage food and lifestyle behavior changes.

Nutrition Education Workshops Topics include:

- Get Moving! (Physical activity is part of a healthy lifestyle)
- Plan, Shop, \$ave (How to stretch your food dollars)
- Fruits & Veggies: Half Your Plate (How to increase amount and variety of fruits and vegetables)
- Make Half Your Grains Whole (Identify whole grain foods and why grains are beneficial)
- Build Strong Bones (Calcium rich foods including fat-free or low-fat (1%) dairy products)
- Go Lean With Protein (Choosing lean sources of protein and how to keep food safe)
- Make a Change (Choosing foods low in fat and salt and decreasing sugary beverages)
- Celebrate Healthy Meals (Including all food groups and involving family in food preparation)

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Policy Guidance & Research

Added Sugars and Cardiovascular Disease Risk in Children

A recent scientific statement released by the American Heart Association (AHA), *Added Sugars and Cardiovascular Disease Risk in Children*, confirmed that added sugar contributes to weight gain. The AHA recommends children consume **no more than 6 teaspoons of added sugar per day**, yet a typical 12 ounce soda contains 10 teaspoons of added sugar.

Short Sleep Times in Boys and Teens Correlated to Obesity

A Canadian study found that inadequate sleep duration in boys and teens is linked to greater odds of being overweight or obese. The study, published in *Childhood Obesity*, was conducted by Larine Sluggett, MSc and colleagues, at the University of Northern British Columbia in Canada. While shorter sleep duration was a risk factor for overweight and obesity, it did not increase the odds of other markers associated with heart disease such as hypertension.

[State Quality Rating and Improvement Systems: Strategies to Support Healthy Eating and Physical Activity Practices in Early Care and Education Settings](#)

This report provides data, recommendations, and case study examples to state-level administrators and stakeholders on how to more effectively use QRIS as a lever for change in childhood obesity prevention. It also identifies opportunities for continued research to advance childhood obesity prevention in ECE settings. Several states have released validation studies about their respective QRIS. Wisconsin's [YoungStar](#), Minnesota's [Parent Aware](#), and Washington's Early Achievers ([Executive Report](#) and the [Full Study](#)).

[Trends in Obesity Prevalence Among Children and Adolescents in the United States, 1988–1994 Through 2013–2014](#)

A nationally representative study of U.S. children and adolescents aged 2-19 years published in *JAMA*, the *Journal of the American Medical Association*, found that between 1988–1994 and 2013–2014, the prevalence of obesity increased until 2003–2004 and then decreased in children aged 2 to 5 years; increased until 2007–2008 and then leveled off in children aged 6 to 11 years; and increased among adolescents aged 12 to 19 years.

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